

Case Number:	CM15-0168935		
Date Assigned:	09/09/2015	Date of Injury:	06/10/2010
Decision Date:	10/07/2015	UR Denial Date:	07/29/2015
Priority:	Standard	Application Received:	08/27/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Arizona, California

Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 61-year-old male, with a reported date of injury of 06-10-2010. The mechanism of injury was the result of repetitive, continuous, and forceful actions of sitting, driving, bending, twisting, crouching, pushing, pulling, reaching at all levels, lifting, and carrying weight up to 100 pounds. The injured worker's symptoms at the time of the injury included right shoulder pain, low back pain, and left leg pain. He also developed an inguinal hernia. The diagnoses include lumbar sprain and strain, lumbar paraspinal muscle spasms, lumbar disc herniations, lumbar radiculitis and radiculopathy of the left lower extremity, and sacroiliitis of both sacroiliac joints. Treatments and evaluation to date have included left transforaminal epidural steroid injection at the level of L3-4 and L4-5 with cannulation on 05-06-2015, eighteen acupuncture sessions, eighteen chiropractic sessions, and twenty-four physical therapy sessions. The diagnostic studies to date included a urine drug screen on 01-22-2015; x-rays of the lumbar spine on 02-01-2013; an MRI of the lumbar spine on 01-31-2013; and a computerized range of motion and muscle test. The progress report dated 07-17-2015 indicates that the injured worker complained of low back pain, rated 7-8 out of 10. It was noted that it was hard for him to move for the last three weeks. The injured worker had two incidents where he was unable to move at all. The lumbar epidural steroid injection decreased the pain. The injured worker's functional status had worsened since the last examination. The objective findings include bilateral lumbar and lumbar-sacral tenderness; positive left straight leg raise test; and decreased lumbar spine range of motion. The injured worker's work status was temporarily total disability for six weeks. The request for authorization was not included in the medical records. The treating physician requested a single point cane. On 07-29-2015, Utilization Review non-certified the request for a single point cane, because the diagnosis of osteoarthritis of the knees

was not given but appeared to be related to the lumbar spine; and no examination of the knee was provided.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Single point cane: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee chapter and pg 70.

Decision rationale: According to the guidelines, waling aids are recommended for arthritis of the knee. In this case, there was no mention of arthritis of the knees. Exam findings or subjective complaints at the time of request did not mention ambulation issues. As a result, the can is not justified and not medically necessary.