

<b>Case Number:</b>	CM15-0180153		
<b>Date Assigned:</b>	09/22/2015	<b>Date of Injury:</b>	06/17/2014
<b>Decision Date:</b>	11/10/2015	<b>UR Denial Date:</b>	08/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/14/2015

### 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: Washington, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 35 year old female who sustained an industrial injury on 06-17-2014. She reported subsequent low back, neck and shoulder pain and was diagnosed with lumbar degenerative disc disease, sacroiliitis, possible lumbar radiculitis, clinically consistent cervical radiculopathy and cervical degenerative disc disease. She is not working. MRI of the lumbar spine on 07-02-2014 showed disc narrowing at the L5-S1 with disc dehydration and moderate broad based disc protrusion abutting at S1 with minimal disc bulging at L3-L5 and minimal facet degenerative changes throughout the spine. MRI of the cervical spine on 07-02-2014 showed disc dehydration from C2-C7, minimal disc bulging at C5-C7 and mild facet degenerative changes throughout the cervical spine. Treatment to date has included pain medication, epidural steroid injection (not helpful) and physical therapy. In a doctor's first report of illness or injury dated 07-10-2015, the injured worker reported continued low back pain radiating to the bilateral lower extremities and lower thoracic region that was rated as 7-8 out of 10, neck pain radiating to the bilateral shoulder region associated with numbness and tingling and frequent headaches associated with neck pain. Pain is worse with activity and she leans heavily on the cart while shopping. Objective examination findings showed spasms in the lumbar paraspinal muscles, stiffness of the lumbar spine, tenderness in the lumbar facet joints worse on the right side, tenderness of the right posterior superior iliac spine, positive Patrick test on the right, spasms of the cervical paraspinal muscles, stiffness of the cervical spine and dysesthesia to light touch in the right C4-C5 dermatome. Work status was documented as "no repeated lifting over 25 to 20 pounds". The physician noted that an adjustable cane would be requested for support and stability. A request for authorization of adjustable cane, was submitted. As per the 08-24-2015 utilization review, the request for adjustable cane was non-certified.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Adjustable 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-Treatment in Workers' Compensation Procedure Summary Online Version last updated 06/05/2014.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) 1) Hip & Pelvis (Acute & Chronic)/Walking aids (canes, crutches, braces, orthoses, & walkers) 2) Knee & Leg (Acute & Chronic)/Walking aids (canes, crutches, braces, orthoses, & walkers) 3) Ankle & Foot (Acute & Chronic)/Walking aids (canes, crutches, braces, orthoses, & walkers).

**Decision rationale:** Canes are a form of durable medical equipment (DME) which provide an individual with an aid to walking. It is recommended for people with pain in their hip, pelvis, knee or ankle. It provides a means to unload the affected joint from weight bearing activity, thus lessening the person's discomfort and improving balance. It is indicated when there is a gait disturbance, when there is a need for weight redistribution from painful lower limb or for stability when balance is impaired. Its use is not commented on by the MTUS guidelines but use described in the Official Disability Guidelines limit its recommendation to patients with hip, pelvis, knee or ankle osteoarthritis. This patient does not have osteoarthritis diagnosed in any of these joints and thus use of a cane is not indicated. At this point in the care of this patient medical necessity for use of a cane has not been established. The request is not medically necessary.