

<b>Case Number:</b>	CM15-0198935		
<b>Date Assigned:</b>	10/14/2015	<b>Date of Injury:</b>	12/10/2010
<b>Decision Date:</b>	11/24/2015	<b>UR Denial Date:</b>	09/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2015

### 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: Florida

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 43 -year-old male who sustained an industrial injury on 12-10-2015. Diagnoses have included cervical and thoracic spine strain, lumbar disc bulge, failed right knee surgery, and right and left foot strain. Documented treatment includes surgeries on the right and left knees, physical therapy "December of last year," and medication. On 9-2-2015 the injured worker presented with pain in the neck, upper and lower back, left elbow, and both knees and feet. The physician noted painful range of motion to the low back and right and left knees. The injured worker described pain as shooting down his left leg. On 6-3-2015, the injured worker reported falling "because my right knee failed," and he stated hitting his head, and another fall is noted to have occurred in 5-2015. At that visit it was stated that he was using a cane. The treating physician's plan of care includes a single point cane, but this was denied on 9-15-2015. The notes stated the injured worker has been remaining off work.

### 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 & Leg Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Knee and Leg. Online 2015 edition.

**Decision rationale:** A single point cane is being requested. ODG guidelines do address the need for walking aids under certain circumstances. However, a review of the medical records shows that on multiple occasions in the past 6 months it was mentioned in office notes that the cane this patient already possesses is in good condition, and that the "stopper is not worn." Likewise, it is hard to justify the medical necessity of a brand new cane under these circumstances. Therefore, this request is considered not medically necessary.