

<b>Case Number:</b>	CM15-0207673		
<b>Date Assigned:</b>	10/26/2015	<b>Date of Injury:</b>	01/12/2014
<b>Decision Date:</b>	12/15/2015	<b>UR Denial Date:</b>	10/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2015

### 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: Texas, New York, 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 applicant is a represented 54-year-old who has filed a claim for chronic low back pain and hip pain reportedly associated with an industrial injury of January 12, 2014. In a utilization review report dated October 6, 2015, the claims administrator failed to approve a request for a cane and wheelchair. The claims administrator referenced a September 8, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On an RFA form dated September 30, 2015, a cane and wheelchair were seemingly sought. On an associated progress note dated September 8, 2015, the applicant reported ongoing issues with low back and hip pain. The note was somewhat difficult to follow as mingled historical issues with current issues. The applicant was apparently using a cane to move about in the clinic setting, it was reported. The applicant was kept off of work, on total temporary disability, while Ultram and a topical compounded medication were renewed. On October 6, 2015, the applicant was described as having severe, 7-10/10 pain complaints, and was reportedly totally disabled. The applicant was using a cane on a full-time basis, it was reported. The applicant exhibited a markedly antalgic gait in the clinic setting, it was reported.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**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), Hip & Pelvis, walking aids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Power mobility devices (PMDs). Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd ed., Hip and Groin Disorders, pg. 10.

**Decision rationale:** No, the request for a cane was not medically necessary, medically appropriate, or indicated here. While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that powered mobility devices such as motorized wheelchairs are not recommended if an applicant's functional mobility deficit can be remediated through usage of a cane, walker, and/or manual wheelchair, and while the Third Edition ACOEM Guidelines, Hip and Groin Disorders Chapter notes that ambulatory assistive devices such as canes are mandatory for severely affected applicants, here, however, the applicant was already described as using a cane as of office visits of September and October 2015, referenced above, seemingly obviating the need for provision of a new cane. A clear rationale for the same was not furnished. Therefore, the request is not medically necessary.

**Wheelchair:** 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, Manual wheelchair.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Activity, and Chronic Pain Medical Treatment 2009, Section(s): Power mobility devices (PMDs). Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd. ed., Hip and Groin Disorders, pg. 158.

**Decision rationale:** Similarly, the request for a wheelchair was likewise not medically necessary, medically appropriate, or indicated here. While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that power mobility device is not recommended if an applicant's functional mobility deficit can be sufficiently remediated through the usage of a cane, walker, and/or manual wheelchair, the Third Edition ACOEM Guidelines, Hip and Groin Disorders Chapter notes that wheelchairs are generally not recommended except during the acute injury phase and/or for the purposes of increasing an applicant's functional status and/or overall activity levels. Here, as with the preceding request, however, the applicant's gait deficits were described as already sufficiently remediated through usage of a previously prescribed cane as of office visits of September and October 2015, referenced above, seemingly obviating the need for the wheelchair in question. The MTUS Guideline in ACOEM Chapter 12, page 301 notes that every attempt should be made to maintain applicants at maximum levels of activity, including work activities. Here, however, provision of a wheelchair would have served to minimize rather than maximize the applicant's overall activity levels and was, thus, at odds with the MTUS Guideline in ACOEM Chapter 12, page 301. Therefore, the request is not medically necessary.