

<b>Case Number:</b>	CM15-0023369		
<b>Date Assigned:</b>	02/13/2015	<b>Date of Injury:</b>	08/30/2010
<b>Decision Date:</b>	03/30/2015	<b>UR Denial Date:</b>	01/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/07/2015

### 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: New York  
 Certification(s)/Specialty: Internal 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 48 year old male who sustained an industrial injury on 08/30/2010. Current diagnoses include mid-thoracic pain, chronic low back pain, and minimal neck and right upper extremity pain. Previous treatments included medication management, cervical fusion, radio-frequency ablation, and acupuncture. Report dated 01/02/2015 noted that the injured worker presented with complaints that included continued back pain following the radio-frequency ablation performed on 12/19/2014. Physical examination was positive for abnormal findings. Utilization review performed on 01/23/2015 non-certified a prescription for Thera cane, based on the clinical information submitted does not support medical necessity. The reviewer referenced the Official Disability Guidelines in making this decision.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Thera Cane (not specified if for purchase or for rental): 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, DME

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS.  
Decision based on Non-MTUS Citation Official Disability Guidelines Knee and Leg Chapter

**Decision rationale:** ODG states that durable medical equipment is defined as an item which provides therapeutic benefits or enables the member to perform certain tasks that he or she is unable to undertake otherwise due to certain medical conditions or illnesses. There is no specific documentation that the requested Thera Cane is necessary to improve the claimant's back condition. There is no specific documentation the claimant is suffering from an inability to walk requiring a walking device. Medical necessity for the requested item has not been established. The requested item is not medically necessary.