

Case Number:	CM15-0210846		
Date Assigned:	10/29/2015	Date of Injury:	12/06/1994
Decision Date:	12/15/2015	UR Denial Date:	10/13/2015
Priority:	Standard	Application Received:	10/27/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

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

This 53 year old man sustained an industrial injury on 12-6-1994. Diagnoses include psychotic disorder, rule out depressive disorder, and cognitive disorder. Treatment has included oral medications and intrathecal pain pump. Physician notes on a PR-2 dated 5-27-2015 show complaints of worsened status due to inability to comply with treatment plan without sufficient support or care. The physical examination shows robotic, monotonic, aphasic, and non-fluent speech, restlessness with pacing, goal oriented thoughts, with inability to answer basic questions regarding living conditions, and insight and judgment is very poor. The worker states he was treated for an accidental antibiotic overdose after taking the medication incorrectly. The worker states family and friends have been erratic in providing him with medications, food, clothing, and shelter. The worker does not have a permanent residence and requires a higher level of care. Recommendations include Abilify and treatment in a convalescent facility. A physician note from pain specialists dated 9-21-2015 show a visit for intrathecal pump refill. A refill was performed without complication and recommendations were made for Tramadol and a wooden cane. Utilization Review denied a request for a wooden cane on 10-13-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Wooden cane: Overturned

Claims Administrator guideline: Decision based on MTUS Ankle and Foot Complaints 2004, and Chronic Pain Medical Treatment 2009.

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, under walking aids, Knee Chapter under DME.

Decision rationale: Based on the 3/26/15 progress report provided by the treating physician, this patient presents with no subjective reports of physical pain, but has memory loss, daily anxiety, depression, difficulty sleeping, and nightmares. The provider has asked for a wooden cane but the requesting progress report is not included in the provided documentation. The request for authorization was not included in provided reports. The most recent report of physical came was 7/7/14 report, which stated the patient has increase in pain of unspecified area, right lower extremity weakness and right foot drop. The patient is s/p emergency room visit for an accidental overdose of an antibiotic per 5/27/15 report. The patient has had emotional symptoms since 1997, with a history of multiple suicide attempts per 3/26/15 report. The patient recent had a decrease in auditory hallucinations due to an increase in Abilify per 6/1/15 report. The patient is currently permanently disabled per 6/1/15 report. ODG-TWC, knee chapter, under walking aids (canes, crutches, braces, orthosis, and walkers) states: "Recommended as indicated below. Almost half of patients with knee pain possess a walking aid. Disability, pain, and age-related impairment seemed to determine the need for a walking aid. Non-use is associated with less need, negative outcome, and negative evaluation of the walking aid." ODG-TWC, Knee Chapter under DME states: "Recommended if prescribed as part of a medical treatment plan for injury, infection, or conditions that result in physical limitations and if the device meets Medicare's definition of durable medical equipment (DME), which: (1) Can withstand repeated use, i.e., could normally be rented, and used by successive patients; (2) Is primarily and customarily used to serve a medical purpose; (3) Generally is not useful to a person in the absence of illness or injury; and (4) Is appropriate for use in a patient's home." The provider does not discuss this request in the reports provided, and does not give rationale for the current request for a wooden cane. Utilization review letter dated 10/13/15 denies request due to lack of physical exam findings or subjective complaints relating to the request. Although review of reports do not show a physical exam which shows ambulatory status, it is noted in the 8/19/14 report that the patient is using an electric scooter. ODG guidelines state that disability, pain, and age-related impairment determine the need for a walking aid. Therefore, the request for a wooden cane appears to be reasonable and in accordance with guideline recommendations. The request is medically necessary.