

Case Number:	CM15-0212156		
Date Assigned:	11/02/2015	Date of Injury:	10/31/2014
Decision Date:	12/15/2015	UR Denial Date:	10/05/2015
Priority:	Standard	Application Received:	10/28/2015

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: North Carolina, Georgia
 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 10-31-2014. The injured worker is undergoing treatment for: left knee pain. On 8-19-15, he reported left knee pain. He indicated going to physical therapy and improvement from this. He is noted to have been ambulating with 2 crutches and transitioning toward one crutch. Physical examination noted the left knee range of motion is 0 to 125 degrees, negative Lachman and drawer tests, moderate quadriceps atrophy and weakness, and intact motor, sensation and pulses. On 9-21-15, a supplemental report indicated an appeal for additional physical therapy sessions following anterior cruciate ligament reconstruction. His pain is noted as 9 out of 10 on the initial physical therapy session, and is noted to be down to 5 out of 10 as of 8-26-15. Objective findings noted are improved left knee flexion from 90 degrees to 105 degrees. He is reported to have decreased pain and improved range of motion. The treatment and diagnostic testing to date has included: magnetic resonance imaging of the lumbar spine (9-14-15), at least 12 completed physical therapy sessions, left knee surgery (approximately June 2015). Current work status: temporary total disability. The request for authorization is for: cane. The UR dated 10-5-2015: non-certified the request for a cane.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cane: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Knee & Leg - Walking aids (canes, crutches, braces, orthoses & walkers).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Walking aids, Knee, Low Back.

Decision rationale: CA MTUS is silent on walking aids, such as a cane. ODG section on Knee states that walking aids are recommended. Contralateral cane use provides the most reduction in ground reaction force. In this case, there is well-documented pain and subjective instability of the involved knee and a cane is medically necessary.