

<b>Case Number:</b>	CM15-0060863		
<b>Date Assigned:</b>	04/07/2015	<b>Date of Injury:</b>	12/16/2013
<b>Decision Date:</b>	05/06/2015	<b>UR Denial Date:</b>	03/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/31/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 12/16/2013. His diagnoses, and/or impressions, include: discogenic cervical, lumbar and thoracic sprain/strain with facet inflammation, headache, and bilateral radiculopathy with numbness and tingling; and chronic pain syndrome. A recent magnetic resonance imaging study of the right shoulder is noted on 1/27/2015, and magnetic resonance imaging studies of the lumbar spine and neck are stated. Nerve studies of the lower extremities were stated to have been done in 8/2014. His treatments have included a neck pillow; a cane that does not fit him; neck traction kit; hot/cold therapy; back brace; medication management; and working 4 hours a day with restrictions. The progress notes of 2/23/2015, state coverage for the neck, right shoulder and low back; tenderness with spasm at the shoulder; and an allowance for chiropractic visits. The physician's requests for treatments included an adjustable, aluminum cane.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aluminum adjustable 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.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic)-Walking aids (canes, crutches, braces, orthoses, & walkers).

**Decision rationale:** Aluminum adjustable cane is not medically necessary per the ODG. The MTUS guidelines do not address canes. The ODG states that walking aids are recommended. Almost half of patients with knee pain possess a walking aid. Disability, pain, and age-related impairments seem to determine the need for a walking aid. Nonuse is associated with less need, negative outcome, and negative evaluation of the walking aid. The MTUS does not address canes. The October 2014 progress note indicates that the patient ambulates with a cane. The documentation does not indicate a clear gait analysis or physical exam findings that suggest that a cane may be beneficial. It is unclear why the patient is unable to use his current cane. The request for a cane is not medically necessary.