

<b>Case Number:</b>	CM15-0087310		
<b>Date Assigned:</b>	05/11/2015	<b>Date of Injury:</b>	12/29/2006
<b>Decision Date:</b>	06/12/2015	<b>UR Denial Date:</b>	04/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/07/2015

### 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: 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 52 year old female who sustained an industrial injury on 12/29/06. Initial complaints and diagnoses are not available. Treatments to date include back surgery and medications. Diagnostic studies are not addressed. Current complaints include ongoing lumbar spine pain. Current diagnoses include cervical degenerative disc disease, chronic pain, lumbar disc herniation, opioid addiction, depression/anxiety, and superficial axial insufficiency, bilateral venous stasis dermatitis superimposed on peripheral vascular disease. In a progress note dated 03/30/15 the treating provider reports the plan of care as electrodiagnostic studies and nerve conduction studies of the bilateral lower extremities and the upper extremity, and bilateral canes. The requested treatments are bilateral canes.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral canes for ambulation:** 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 Chapter.

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

**Decision rationale:** Bilateral canes for ambulation are not medically necessary per the ODG Guidelines. The MTUS does not address this issue. The ODG states that assistive devices for ambulation can reduce pain associated with osteoarthritis. Frames or wheeled walkers are preferable for patients with bilateral disease. The documentation indicates that the bilateral canes were requested for preventing worsening and inequilibrium of canes of unequal heights. The documentation is not clear on why this would be preferable to a walker or even the use of a single point cane. The request for bilateral canes is not medically necessary.