

Case Number:	CM14-0121496		
Date Assigned:	08/06/2014	Date of Injury:	08/12/2013
Decision Date:	10/08/2014	UR Denial Date:	07/14/2014
Priority:	Standard	Application Received:	08/01/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

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

Medical Records reflect the claimant is a 44 year old male who sustained a work injury on 8-12-13. Office visit on 7-2-14 notes the claimant is having a flare up of pain and occasional numbness in the left lower extremity to the ankle. The claimant is currently taking Gabapentin and Celebrex with moderate benefit. He rated his pain as 10+/10. One exam, the claimant has tenderness to palpation, antalgic gait.

IMR ISSUES, DECISIONS AND RATIONALES

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

Walking 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

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 - walking aids

Decision rationale: ODG notes that 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. Medical Records reflect this claimant has a low back injury, no leg or knee injury. The

claimant has radicular complaints. There is an absence in documentation noting a pathology that would require the use of a cane. Therefore, the medical necessity of this request is not established.