

Case Number:	CM14-0121530		
Date Assigned:	08/06/2014	Date of Injury:	10/29/2013
Decision Date:	10/16/2014	UR Denial Date:	07/23/2014
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 Occupational Medicine and is licensed to practice in California. 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:

Injured worker is a male with date of injury 10/29/2013. Per secondary treating physician's progress report dated 6/25/2014, the injured worker complains of low back pain and improving left leg numbness. He reports no more shooting pain to the left leg. On examination there is a healing incision to the lumbar spine. There are no signs of infection. Sensation is intact to left foot and ankle. Motor examination is intact to left foot and ankle. Diagnoses include status post left sided L5-S1 hemilaminotomy and microdiscectomy.

IMR ISSUES, DECISIONS AND RATIONALES

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

CANE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITIES 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 & Leg chapter, Walking Aids section

Decision rationale: The MTUS Guidelines do not address the use of canes. The ODG does recommend the use of canes to reduce pain associated with osteoarthritis. The medical records provided for review do not indicate any complaints or objective findings that indicate instability,

difficulty with ambulation, or other indication that a cane is medically necessary. The request for CANE is is not medically necessary and appropriate.