

Case Number:	CM14-0214600		
Date Assigned:	01/07/2015	Date of Injury:	01/04/2014
Decision Date:	03/04/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	12/22/2014

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. 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: California
 Certification(s)/Specialty: Emergency 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 patient has a reported date of injury on 1/4/2014. Mechanism of injury was not provided. Patient has a diagnosis of lumbar radiculitis, lumbar sprain/strain and cervical sprain/strain. Medical reports reviewed. Last report available until 10/30/14. Patient complains of head, neck, diffuse whole back, bilateral shoulder, bilateral arms, wrist, hips, knees, ankle and pan body pains. Objective exam reveals diffuse back tenderness, decreased range of motion, negative straight leg raise and FABER. MRI of cervical spine dated 8/22/14 revealed degenerative disease from C2-C7 with mild canal stenosis. Medications listed include Tylenol #3, Motrin and Robaxin. Independent Medical Review is for a cane. Prior Utilization Review on 12/11/14 recommended non-certification.

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 Disability Guidelines (ODG), TWC

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 aids(canes, crutches, braces, orthoses and walkers)

Decision rationale: MTUS Chronic pain and ACOEM Guidelines do have any sections that relate to this topic. As per Official Disability Guidelines canes may be recommended in knee and back pains mostly in osteoarthritic pains. The use of a cane may shift the center of gravity and exacerbate the contralateral side of the body. Patient has bilateral lower extremity and upper extremity pains. Use of a cane may not be the ideal walking aid for this patient since it may not adequately provide support and may exacerbate the other side of the body. Cane is not medically necessary.