

Case Number:	CM15-0010924		
Date Assigned:	01/28/2015	Date of Injury:	06/08/2012
Decision Date:	03/18/2015	UR Denial Date:	12/24/2014
Priority:	Standard	Application Received:	01/20/2015

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: New Jersey, New York
 Certification(s)/Specialty: Family Practice

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 50 year old female, who sustained an industrial injury on June 8, 2012. The diagnoses have included right shoulder sprain/strain/impingement syndrome, lumbar spine sprain/strain with grade 1 anterior wedge compression deformity of T12, anxiety, and GI upset with meds. Treatment to date has included left ankle surgery January 14, 2014, physical therapy, chiropractic treatments, lumbar epidural injections, right shoulder injection, and oral and topical medications. Currently, the injured worker complains of right shoulder 9/10 pain and 6/10 lumbar spine pain, with right lower extremity radicular pain and numbness, left ankle 4/10 pain, and gastrointestinal (GI) upset with medications. The Primary Treating Physician's report dated November 25, 2014, noted the functional improvement mildly improved with decreased pain and medication intake for the lumbar spine. The report noted there was no change in the physical examination since the previous visit. A urine drug toxicology on October 24, 2014, was noted to have the expected results. On December 24, 2014, Utilization Review non-certified a cane, for the right shoulder, noting there was insufficient medical documentation provided to justify the request, with no objective or subjective findings documented. The Official Disability Guidelines (ODG), Knee and Leg, updated October 27, 2014 were cited. On January 20, 2015, the injured worker submitted an application for IMR for review of a cane, for the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cane, Right Shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Knee and Leg, walking aids (canes, crutches, braces, orthoses, and walkers)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation walking aids, knee/leg

Decision rationale: The request is considered not medically necessary. According to ODG guidelines, canes are beneficial for knee osteoarthritis which the patient is not documented to have. She utilized a walker for weakness in her right lower extremity. The use of a cane requires the use of the contralateral shoulder. Therefore, using a cane with the right shoulder would not be indicated since the weakness was in her right lower extremity. Therefore, the request is considered not medically necessary.