

Case Number:	CM15-0116082		
Date Assigned:	06/24/2015	Date of Injury:	12/03/2008
Decision Date:	07/28/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	06/16/2015

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: California, North Carolina
 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 45 year old female who sustained a work related injury December 3, 2008. Past history included diabetes. According to a primary treating physician's progress report, dated May 21, 2015, the injured worker presented with ongoing pain, rated 5-6/10, to both shoulders which radiates out through both trapezii, down into the hands and fingers. She is currently using anti-inflammatories, topical remedies, and exercise, and in physical therapy she reports using the TENS unit, which reduced her pain up to four hours. Examination of the shoulders reveals pain throughout the trapezii and anterior joint line of both shoulders. She has a negative drop and Neer's test. Abduction is 140 degrees actively, however, with assistance, it is guarded, forward flexion 150 degrees, external rotation is 60 degrees, internal rotation brings her thumb to L4 bilaterally, and strength is 4+/5. Diagnoses are chronic neck pain; bilateral shoulder rotator cuff tendinitis. Treatment plan included a TENS unit trial, topical remedies, and anti-inflammatories. A qualified medical re-evaluation, dated May 29, 2015, revealed the injured worker has an antalgic gait with difficulty heel and toe walking. Diagnoses included bilateral carpal and cubital tunnel syndrome; rotator cuff and impingement syndrome of both shoulders; cervical sprain/strain disorder with radiculopathy. At issue, is the request for authorization for a cane.

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), Knee, Walking Aids.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Assistive devices (cane).

Decision rationale: In this case the patient has diagnoses of chronic neck pain and rotator cuff tendinitis. The request is for a cane to assist in ambulation. ODG states that a cane is often required in patients with severe osteoarthritis and/or pain in the knees. This patient does not have knee pathology and there is no rationale provided for why a claimant with neck and shoulder pathology should require a cane. Therefore the request is not medically necessary.