

<b>Case Number:</b>	CM13-0031748		
<b>Date Assigned:</b>	12/04/2013	<b>Date of Injury:</b>	12/13/2012
<b>Decision Date:</b>	01/28/2014	<b>UR Denial Date:</b>	09/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/04/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation 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 physician 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:

The patient is a 68-year-old female who reported an injury on 12/13/2012 due to a fall, causing injury to the left ankle. The patient was transported by ambulance to the emergency department where a CT scan and x-ray revealed fracture of the distal fibula on the left ankle. The patient's ankle was immobilized that the patient's ambulation was assisted with a wheelchair. It was noted that at the time of the initial injury, the patient was unable to maintain a weight bearing status due to significant pain. The patient was provided physical therapy and transitioned to a Cam walker. The patient had continued pain complaints. MRI revealed fracture gap of approximately 3 mm. The patient's most recent clinical exam findings included ambulation with a figure 8 ankle brace for stabilization, positive drawer sign of the left ankle, and significant instability. Range of motion was described as 40 degrees in dorsiflexion, 50 degrees in plantar flexion, 25 degrees in inversion, and 15 degrees in eversion. The patient underwent left lateral ankle stabilization. The patient's postsurgical treatment plan included a knee walker rental, a cold physical therapy unit, and a walking boot.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Knee walker rental:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. 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 and Leg Chapter, Walking Aids and Durable Medical Equipment

**Decision rationale:** The requested knee walker rental is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient will need assistance with ambulation following surgical intervention of the left ankle. The Official Disability Guidelines do recommend renting durable medical equipment. The documentation submitted for review does indicate that the patient is unable to use crutches to assist with ambulation. However, it is noted within the documentation that the patient has previously used a walker to assist with ambulation related to this injury. The documentation does not address whether the previously used durable medical equipment was purchased or rented. Replacement of the prior equipment would not be indicated in the absence of documentation that the prior equipment is no longer functional. As such, the requested knee walker rental is not medically necessary or appropriate.

**Walking boot purchase:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. 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 the Official Disability Guidelines (ODG) Ankle and Foot Chapter, Walking aids (canes, crutches, braces, orthoses, & walkers).

**Decision rationale:** The clinical documentation submitted for review does provide evidence that the patient has undergone surgical intervention of the left ankle. The Official Disability Guidelines do recommend walking boots to assist when there are ambulation deficits due to an injury; however, the clinical documentation submitted for review does provide evidence that the patient has previously used this type of equipment to assist with ambulation. The clinical documentation submitted for review does not address whether the previous equipment is no longer available or functional to the patient. Therefore, replacement would not be indicated. As such, the requested walking boot for purchase is not medically necessary or appropriate.

**Cold therapy unit rental:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. 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) Ankle and Foot Chapter, Continuous-flow cryotherapy

**Decision rationale:** The requested cold therapy unit is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient underwent surgical intervention. The Official Disability Guidelines do recommend the use of this

type of equipment in the postsurgical management of a patient for up to 7 days. The request does specify that this is for a rental; however, the duration is not specifically identified. As the use of this type of equipment is only supported for up to 7 days, the request as it is written would not be supported by guideline recommendations. As such, the request for the cold physical therapy unit for rental is not medically necessary or appropriate.