

<b>Case Number:</b>	CM13-0040675		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	01/03/2011
<b>Decision Date:</b>	08/05/2014	<b>UR Denial Date:</b>	10/01/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2013

### 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 Orthopedic Surgery 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:

The claimant is a 58-year-old female injured in a January 3, 2011, work-related accident. The records available for review indicate a lower extremity injury. A progress report dated August 28, 2013, documented continued complaints of pain. At that time, the recommendation for excision of accessory navicular to the right foot for a diagnosis of foot pain with ankle tenosynovitis was made. An October 1, 2013, utilization review certified the operative intervention and a front-wheeled walker. This request is for a kneel roller and a wheelchair, both for post-operative use.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**KNEE ROLLER TWO MONTH RENTAL:** 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).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on the Non-MTUS Official Disability Guidelines (ODG) Treatment in Worker's Comp, 18th Edition, 2013 Updates: knee procedure – Wheelchair.

**Decision rationale:** California MTUS and ACOEM Guidelines do not provide criteria relevant to this request. Under the Official Disability Guidelines, a knee roller would not be indicated. ODG Guidelines recommend a knee roller for claimants who are unable to utilize crutches, standard walkers or other ambulatory assistive devices. Through the Utilization Review process a front-wheeled walker has been authorized for use following the claimant's foot surgery. The records do not state why a second assistive device would be needed for ambulation. Absent that information, this request would not be supported as medically necessary.

**WHEELCHAIR WITH LEFT LIFT-TWO MONTH RENTAL:** 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).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on the Non-MTUS Official Disability Guidelines (ODG) Treatment in Worker's Comp, 18th Edition, 2013 Updates: ankle procedure - Rolling knee walker.

**Decision rationale:** California MTUS and ACOEM Guidelines do not provide criteria relevant to this request. According to the Official Disability Guidelines, a wheelchair also would not be indicated. The reviewed records state that the request for the post-operative use of a front-wheeled walker is certified. While the claimant is scheduled to undergo an accessory navicular excision, the records do not indicate why the claimant would not be able to perform ambulatory functions with the already approved assistive device and, therefore, would need a wheelchair. For this reason, the request is not established as medically necessary.