

Case Number:	CM13-0057295		
Date Assigned:	12/30/2013	Date of Injury:	12/03/1996
Decision Date:	03/27/2014	UR Denial Date:	11/21/2013
Priority:	Standard	Application Received:	11/25/2013

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 64 year old female who was injured on 12/3/1996. The patient fell while at work and had a TBI and T 12 spinal injury. She had T12 fusion on 12/24/1996. Medications include Fish oil, niacin, Caltrate 60-0, B12 1000, Simvastatin, Vicodin, and Zolpidem. Diagnostic studies apparently were performed including x-rays of the foot and ankle; however, they were not provided for my review. Progress report # 2 dated 10/14/2013 was almost completely illegible. Only items that were legible were the medications and that the patient is stable but needs to see [REDACTED] for right foot deformity. Orthopedic consult dated 11/11/2013 reported the patient presented with right foot pain described as gradual over 2 years; location of the pain is bilateral feet with the left greater than the right; pain is aggravated by shoe wear; associated symptoms include stiffness, deformity and weakness; she is non weight bearing with a wheelchair; bilateral foot/ankle alignment noted as equines; skin was normal bilaterally; ankle dorsiflexion was 0° bilaterally and plantar flexion was 60° bilaterally; she had no active control of her lower leg musculature; there is hypertonicity of the calf muscles but no spasticity.

IMR ISSUES, DECISIONS AND RATIONALES

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

purchase of 1 roll-about walker or crutches: 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 Chapter, Walking Devices

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle, Walking Aids; Medical Evidence: Physical Medicine & Rehabilitation, 3rd Edition, 2007. Chapter 56, Spinal Cord Injury, pages 1285-1350

Decision rationale: ODG, a walker is recommended for patients with conditions causing impaired ambulation, when there is a potential for ambulation with these devices (ankle section of the ODG refers you to the knee chapter). The roll-about walker or knee walker is used for individuals who cannot use crutches, standard walkers or other standard ambulatory assist devices. It is unclear based on the records provided, what the patient is supposed to gain from this device. She is currently wheelchair bound with bilateral lower extremity conditions that would limit her from weight bearing on the stabilizing leg. Therefore, the request is non-certified.

purchase of 1 controlled ankle motion boot walker: 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), Ankle and Foot Chapter, Online Version, Cam Walker

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle/Foot, Cam Walker, Cast Immobilization; Medical Evidence: Physical Medicine & Rehabilitation, 3rd Edition, 2007. Chapter 56, Spinal Cord Injury, pages 1285-1350

Decision rationale: ODG, cast (immobilization) is not recommended absence of a clearly unstable joint or a severe ankle sprain. There is no documentation in the chart to support the need for a Cam walker. The patient is noted to be in a wheelchair and there are very limited records other than that.