MAXIMUS Federal Services

Case Number:	CM13-0067269		
Date Assigned:	01/03/2014	Date of Injury:	08/10/2011
Decision Date:	05/27/2014	UR Denial Date:	12/05/2013
Priority:	Standard	Application Received:	12/17/2013

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 51-year-old, gentleman who was injured in a work related accident on 08/10/11. The records indicate an injury to the left ankle. There were requests for the a left ankle arthroscopy with Brostrom ligament reconstruction surgery, postoperative use of a physical therapy, preoperative need for medical clearance, and laboratory testing, as well as postoperative need of an Ankle Foot Orthosis (AFO). brace. There was also a request for a "roller aid" for postoperative use in regards to the claimant's authorized upcoming surgery. The specific clinical request in this case is for a roller aid for this individual. Further clinical records do not support the specific request at hand.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME: ROLLER AID: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee procedure - Durable medical equipment (DME).

Decision rationale: The California ACOEM and MTUS Guidelines are silent. When looking at Official Disability Guidelines (ODG) criteria the role of this durable medical equipment (DME) would not be indicated. Based on the request for roller aid, there would be nothing indicating this form of mobilization assistance would be indicated rather than traditional forms of mobilization alone including crutches, a walker, etc. Given this individual's requested surgical process, the specific DME request would not be indicated.