

Case Number:	CM14-0100865		
Date Assigned:	07/30/2014	Date of Injury:	01/05/1993
Decision Date:	10/03/2014	UR Denial Date:	06/26/2014
Priority:	Standard	Application Received:	06/30/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 64-year-old individual was reportedly injured on January 5, 1993. The mechanism of injury was noted as a slip and fall type event. The most recent progress note, dated June 11 2014, indicated that there were ongoing complaints of right ankle pain. The physical examination demonstrated hypertension, an irregular heart beat and cardiac murmur in this 5'7" individual and who has a antalgic gait pattern reported. A decrease in ankle range of motion was noted. Muscle strength was somewhat decreased. Diagnostic imaging studies objectified shortening of the tibia, a 12 mm osteophyte, subchondral sclerosis, and sclerosis of the tarsal, metatarsal joints. Previous treatment included medications, surgery, bracing, and pain management interventions. A request had been made for a kneeling walker and was non-certified in the pre-authorization process on June 26, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

KNEELING 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, Ankle and Foot Chapter

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, updated July 2014

Decision rationale: There is a question as to the medical necessity of the underlying surgical request. It is not clear that surgery has been certified in the preauthorization process. However, the MTUS and ACOEM guidelines do not address this device. Therefore, the parameters noted in the Official Disability Guidelines were employed. This kind of device is recommended if there is an inability to use crutches. There is a suggestion of a possible shoulder pathology preventing the use of crutches, thereby requiring a rolling walker. Therefore, noting that the surgery has not been endorsed, there is no clinical indication or medical necessity for this walker.