

Case Number:	CM14-0109041		
Date Assigned:	08/01/2014	Date of Injury:	11/29/2012
Decision Date:	08/29/2014	UR Denial Date:	06/26/2014
Priority:	Standard	Application Received:	07/14/2014

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 Podiatric surgery and is licensed to practice in New York. 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:

According to the enclosed information, this patient originally injured themselves on 11/29/2012. A right foot injury occurred. According to the progress note dated 6/6/2014, the patient will be undergoing a Dwyer calcaneal osteotomy right side on 6/17/2014. During the preoperative visit, patient's foot was evaluated, however there was no comment made on the patient's ability to use crutches or to ambulate post-surgery. There is no actual progress notes enclosed in this case, and the information obtained is from a prior review. There is a letter from the surgeon dated July 3, 2014 stating that the patient is status post right foot surgery. It states that the patient has difficulty ambulating with crutches and is to be strict non-weightbearing right foot. The physician goes on to write that, due to her difficulty using crutches due to upper extremity limitations and weakness I have requested a rolling knee walker as well as a wheelchair. The surgeon goes on to state that the wheelchair will be used to move around the patient's residence and the rolling knee walker will be used in and out of the residence.

IMR ISSUES, DECISIONS AND RATIONALES

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

Rolling Knee Scooter: Overturned

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 Procedure Summary- Rolling knee walker.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) procedure summary, ankle and foot.

Decision rationale: After careful review of the enclosed information and the pertinent ODG guidelines for this case, it is my feeling that the decision for a rolling knee scooter is medically reasonable or necessary at this time. It is documented in the chart notes that this patient has undergone a Dwyer calcaneal osteotomy and must remain non-weightbearing right side. In an appeal letter the physicians states that patient has upper extremity limitations and weakness and is unable to use crutches to stay non-weight bearing. The ODG guidelines state that a rolling knee scooter is recommended for patients who cannot use crutches, standard walkers or other standard ambulatory assist devices (e.g., a patient with an injured foot who only has use of one arm). See walking aids (canes, crutches, braces, orthoses, & walkers). Per the physicians documented statement that the patient has upper extremity limitations and must remain non-weight bearing after surgery, it is my feeling that the use of a rolling knee scooter is medically reasonable and necessary.

Wheelchair: Overturned

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 Procedure Summary- Manual wheelchair.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) procedure summary, ankle and foot.

Decision rationale: After careful review of the enclosed information and the pertinent ODG guidelines for this case, it is my feeling that the decision for wheelchair is medically reasonable or necessary at this time. It is documented in the chart notes that this patient has undergone a Dwyer calcaneal osteotomy and must remain non-weight bearing right side. In an appeal letter the physician states that the patient has upper extremity limitations and weakness and is unable to use crutches to stay non-weight bearing. ODG guidelines state that a wheelchair is recommended if the patient requires and will use a wheelchair to move around in their residence, and it is prescribed by a physician. Per the physicians documented statement that the patient has upper extremity limitations and must remain non-weight bearing after surgery, it is my feeling that the use of a wheelchair to navigate in their residence is medically reasonable and necessary.