

<b>Case Number:</b>	CM14-0127970		
<b>Date Assigned:</b>	08/15/2014	<b>Date of Injury:</b>	02/14/2011
<b>Decision Date:</b>	09/22/2014	<b>UR Denial Date:</b>	07/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/11/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine, 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 injured worker is a 40 year old male who sustained an injury to his bilateral lower extremities on 02/14/11. Mechanism of injury is undisclosed. The injured worker was under the care of the treating physician for reflex sympathetic dystrophy, chronic pain, mononeuritis of the lower limb, and lumbago. Clinical note dated 07/09/14 reported that the injured worker complained of bilateral lower extremities cane pain, left greater than right. Physical examination noted ambulation in a wheelchair, severe swelling/edema, discoloration, skin changes, allodynia, and hyperpathia in the left lower extremity, and worse than the right extending to the midcalf. The injured worker was depressed and anxious due to his pain and lack of access to appropriate medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Mobi Legs:** 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 and Leg, Walking Aids.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and leg chapter, Walking aids (canes, crutches, braces, orthoses, & walkers).

**Decision rationale:** The request for Mobi legs is not medically necessary. Previous request was denied on the basis that the injured worker is currently in a wheelchair and noted not to be ambulatory. Prior to that, he used crutches at home. There was no rationale given as to why the injured worker needs Mobi legs rather than standard crutches he was previously using at home if a walking aid is necessary. The Official Disability Guidelines state that nonuse is associated with negative outcome and negative evaluation of the walking aid. After reviewing the clinical documentation submitted for review, there was no additional significant objective clinical information provided that would support reversing the previous adverse determination. Given this, the request for Mobi legs is not indicated as medically necessary.