

Case Number:	CM14-0133070		
Date Assigned:	08/22/2014	Date of Injury:	04/10/2013
Decision Date:	10/03/2014	UR Denial Date:	08/11/2014
Priority:	Standard	Application Received:	08/20/2014

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 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 injured worker is a 35 year old male whose date of injury is 04/10/13. He is status post right ankle arthroscopy on 12/18/13 followed by post-op physical therapy. Office note dated 06/30/14 indicates that the injured worker complains of right ankle pain. He is doing a home exercise program. Current medications were listed as ibuprofen and Norco. It was noted that the injured worker saw [REDACTED] for a second opinion, and he is recommending a second surgery and does not believe conservative measures would provide much relief. MRI of the right ankle dated 06/12/14 reported lateral talar dome osteochondral lesion is less conspicuous than on prior exam; there has been development of focal grade 4 chondral fissure at this site with irregularity of subchondral bone; no loose/unstable fragment. There is stable posterior tibial osteochondral lesion with no displaced fragment. Flexor hallucis longus tenosynovitis and plantar fasciosis and scarring also are noted as well as chronic sprain/scarring of the deltoid, anterior talofibular and calcaneofibular ligaments. On examination the injured worker has antalgic gait; does not use assistive devices. Inspection of the right ankle revealed swelling; movements are restricted due to pain with dorsiflexion to 10, eversion to 10, inversion to 20; tenderness to palpation over the Achilles tendon, fibulocalcaneal-calcaneal ligament and posterior talofibular ligament; anterior drawer sign negative. A request for right ankle arthroscopy was certified as medically necessary on 08/11/14; however, a request for post-op DME (durable medical equipment) CAM walker and post-op scooter (leg-up scooter) was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-op Scooter, A leg up Scooter: 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) Ankle and Foot, Walking aids (canes, crutches, braces, orthoses, & walkers); Knee, Power mobility devices (PMDs)

Decision rationale: The injured worker has been authorized to undergo a second right ankle arthroscopy. He has been approved for post-op DME crutches. There is no rationale provided as to why the injured worker also needs a post-op leg-up scooter. Based on the clinical information provided and ODG guidelines, medical necessity is not established for Post-op Scooter, A leg up Scooter.

DME Cam walker: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITIES GUIDELINES

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, Walking aids (canes, crutches, braces, orthoses, & walkers); Knee, Walking aids (canes, crutches, braces, orthoses, & walkers)

Decision rationale: Per ODG guidelines, CAM walker is preferable for patients with bilateral disease. The injured worker in this case has only right sided pathology/symptomatology of the ankle. As such, medical necessity is not established for DME CAM walker.