

<b>Case Number:</b>	CM14-0134070		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	07/25/2010
<b>Decision Date:</b>	10/30/2014	<b>UR Denial Date:</b>	07/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/18/2014

### 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 Occupational 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:

This patient is a 61 year old female with an injury date of 7/25/10. No PR2 was submitted with the treatment request. However, based on the 6/12/14 progress report by [REDACTED], this patient "is having difficulty getting around" and is using a cane, with increased use of narcotic analgesia. "Bracing unsuccessfully, physical therapy, non-steroidal anti-inflammatory medications, and steroid injections without success," with the "only real option is the surgery." Requested surgery, but pending approval, is for "metal removal and subtalar calcaneal cuboid fusion for her residual arthritis secondary to her fracture." Examination conducted on 4/28/14 shows this patient to have "painful range of motion with subtalar motion, pain to palpation of the subtalar joint." Reference to an undated x-ray shows "some calcaneal cuboid arthritis as well as some subtalar arthritis." Diagnosis for this patient is status-post open reduction and internal fixation of right calcaneal fracture with subsequent degenerative arthritis. The utilization review being challenged is dated 7/30/14. The request is for a knee walker x12 weeks, post-op, rental. The requesting provider is [REDACTED] and he provided reports from 4/24/13 to 6/12/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Knee Walker x 12 weeks, post-op (Rental): 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 & Leg, walking aids (canes, crutches, braces, orthoses & walkers)

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

**Decision rationale:** This patient presents with "difficulty getting around." She is using a cane and her use of narcotic analgesia is increasing. The provider requests a knee walker x12 weeks, post-op, rental. ODG guidelines state that "frames or wheeled walkers are preferable for patients with bilateral disease," which is not indicated for this patient's diagnosis, who presents with a right calcaneal fracture. Furthermore, the request for a rental knee walker for post-operative use is premature, considering approval for the request surgery is still pending approval, as of 6/12/14 and outcome post-operatively is also yet unknown. Therefore, this request is not medically necessary.