

<b>Case Number:</b>	CM14-0137799		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	02/11/2014
<b>Decision Date:</b>	10/02/2014	<b>UR Denial Date:</b>	08/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2014

### 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, has a subspecialty in Pain Management 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 patient is a 19 year old female with an injury date of 02/11/14. All treatment reports provided are post utilization review date. The 09/10/14 and 08/27/14 report by [REDACTED], states that the patient presents with 8 months of ankle pain post injury (date unknown). The patient has a propulsive gait with a limp. Examination reveals PE is grossly unchanged and there is edema around the ankle joint. There is TTP of the ankle laterally over the sinus tarsi and over the anterolateral shoulder of the ankle joint. Further, there is instability of the ankle, talar tilt and anterior drawer. The provider notes a sinus tarsi injection 08/27/14. The 05/23/14 MRI states the following impressions: 1. Trabecular injury of the os trigonum versus fracture of the base of the state of process. There is intraosseous edema within the ounce/process and the surrounding synovitis. Findings could also be the result of posterior impingement, if more clinically appropriate. 2. Tears of the anterior talofibular ligament and calcaneofibular ligament and a mild sprain of the deltoid ligament. There is mild scar remodeling of the anterior talofibular ligament and calcaneofibular ligament identified. The patient's diagnoses include ankle instability, limb pain and synovitis ankle. The utilization review being challenged is dated 08/08/14. The rationale regarding the cast cover for the left ankle is that casting or immobilization is not recommended in the absence of a clearly unstable joint or severe ankle sprain and lack of documentation. Regarding the knee walker the rationale is that the patient's surgical procedure has not been authorized, therefore postoperative medical equipment is not necessary. Treatment reports from 08/27/14 to 09/10/14 were provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cast Cover for the Left Ankle-Rental 30 days: 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 Chapter, Cast

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle

**Decision rationale:** The patient presents with ankle pain 8 months post injury. The provider requests for Cast cover for the left ankle rental 30 days. MTUS guidelines do not discuss casts or immobilization of the ankle. The Official Disability Guidelines under for Cast (immobilization) state it is not recommended in the absence of a clearly unstable joint or a severe ankle sprain. There is a diagnosis (post utilization review) of ankle instability. MRI showed possible fracture. The request appears medically reasonable and consistent with the guidelines. Therefore, this request is medically necessary.

**Knee Walker for the Left Ankle-Rental 30 Days: 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 Chapter, Walking Aid

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle

**Decision rationale:** The patient presents with ankle pain 8 months post injury. The provider requests for a knee walker for the left ankle rental 30 days. MTUS guidelines do not discuss walkers. The Official Disability Guidelines regarding waling aids under the ankle section state that walking aids for the ankle are recommended for patients with conditions causing impaired ambulation, when there is potential for ambulation with these devices. The reports provided do not discuss the patient's ambulation needs. The provider does note on 08/27/14 (post utilization review date) that the patient has a propulsive gait with a limp. In this case, the patient has difficulty with ambulation and appears to be at risk for a fall. Use of a walker appears to be medically indicated. Therefore, this request is medically necessary.