

Case Number:	CM14-0151428		
Date Assigned:	09/23/2014	Date of Injury:	12/03/2008
Decision Date:	10/23/2014	UR Denial Date:	08/18/2014
Priority:	Standard	Application Received:	09/17/2014

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, the original date of injury for this patient was 12/3/2008. It is noted in the enclosed notes that this patient was evaluated for a painful right foot on 8/5/2014. It appears that the patient suffered a trauma to the right foot, injuring her fourth and fifth rays. The physical exam reveals positive bruising to the right fifth toe with swelling to the right forefoot. The patient presents utilizing crutches to avoid pressure to the right foot. Diagnoses include fracture of foot bone, joint pain to the ankle, and bone and cartilage disorder. The physician feels that patient has had a flare of her chronic regional pain syndrome to the right foot and needs to be nonweightbearing. He has written a prescription for a Roll A Bout.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) Roll-A-Bout: 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 (Acute & Chronic) 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): 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 Roll A Bout device is not medically reasonable or necessary for this patient at this time. The ODG guidelines state that Rolling Knee walkers are 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). There is nothing in this patient's chart that indicates that they are unable to use crutches or a regular Walker. In fact, the progress note states that the patient presents utilizing crutches to defer pressure from the painful foot.