

<b>Case Number:</b>	CM14-0158583		
<b>Date Assigned:</b>	10/02/2014	<b>Date of Injury:</b>	03/22/2010
<b>Decision Date:</b>	11/03/2014	<b>UR Denial Date:</b>	09/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/26/2014

### 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 and is licensed to practice in Texas. 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:

Medical records reflect this claimant is a 55 year old female with ongoing left ankle pain with radiation to the medial calf. She has had several surgeries. She has been treated with medications and physical therapy as well. Office visit on 8-20-14 notes the claimant has some signs compatible with CRPS. The claimant uses a cane at times. The claimant has an antalgic gait, tenderness to palpation

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Rollabout knee scooter:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines): Ankle & Foot: Foot Procedure Summary

**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 chapter - rolling knee walker

**Decision rationale:** ODG notes that rolling knee walker is 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). This claimant can ambulate using a cane.

There is an absence in documentation that this claimant has only use of one arm. Therefore, the medical necessity of this request is not established.