

<b>Case Number:</b>	CM14-0170488		
<b>Date Assigned:</b>	10/20/2014	<b>Date of Injury:</b>	07/18/2008
<b>Decision Date:</b>	11/20/2014	<b>UR Denial Date:</b>	09/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2014

### 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 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 is a patient of the date of injury of July 18, 2008. A utilization review determination dated Sept 16, 2014 recommends noncertification for a front wheel walker with handbrake and ankle foot orthoses. Non-certification was recommended due to lack of documentation of instability or mobility issues with the patient's current front wheel Walker and lack of documentation that the patient's current ankle foot orthoses are unable to be adjusted for a better fit. A progress report dated September 8, 2014 identifies subjective complaints of swelling in both legs with persistent lower back pain and bilateral foot drop. Physical examination indicates that the patient ambulates with a front wheel walker with bilateral foot drop. The patient has ankle foot orthoses which are very loose and need to be adjusted. Diagnoses include history of cauda equina syndrome, status post L2-4 decompression and fusion, bilateral foot drop, and lumbar degeneration with stenosis. The treatment plan recommends a new front wheel Walker with hand brakes and new ankle foot orthoses. A progress report dated July 7, 2014 states that the patient's front wheel walker with a seat is very helpful. A progress report dated July 31, 2013 states that the patient is able to ambulate with solid ankle foot orthoses with a rolling walker with hand brakes and a seat.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Front wheel walker with hand brakes:** 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)

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

**Decision rationale:** Regarding the request for the purchase of a walker, Official Disability Guidelines state that assistive devices are recommended to assist with ambulation for patients with arthritis. Within the documentation available for review, it appears the patient already has a new walker. The requesting physician has not identified why the patient would benefit from a newer walker, as opposed to continuing to use the walker that he already has. As such, the currently requested Front wheel walker with hand brakes is not medically necessary and appropriate.

**Ankle Foot Orthosis AFOs:** 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)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 370. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle & Foot, Orthotic Devices

**Decision rationale:** Regarding the request for orthotics, Chronic Pain Medical Treatment Guidelines are silent on the issue. ODG states orthotics are recommended for plantar fasciitis and for foot pain in rheumatoid arthritis. Outcomes from using a custom orthosis are highly variable and dependent on the skill of the fabricator and the material used. A trial of a prefabricated orthosis is recommended in the acute phase, but due to diverse anatomical differences many patients will require a custom orthosis for long-term pain control. Within the documentation available for review, it is clear the patient has a diagnosis of cauda equina syndrome which likely has resulted in lower extremity weakness. However, there are no recent physical examination findings identifying motor weakness in the patient's lower extremities. Additionally, it appears the patient has ankle foot orthoses already, which have worked for quite some time. It is unclear why they have ceased fitting appropriately at the current time. Furthermore, there is no statement indicating why the patient's current orthoses would be unable to be adjusted to improve their fit. In the absence of clarity regarding those issues, the currently requested Ankle Foot Orthosis AFOs is not medically necessary and appropriate.