

Case Number:	CM14-0170622		
Date Assigned:	10/23/2014	Date of Injury:	01/10/2012
Decision Date:	11/21/2014	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	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 Orthopedic Surgery 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 59-year-old female sustained an industrial injury on 1/10/12. Injury occurred when she was jumping up to reach a metal rack and landed on her left ankle. Past medical history was positive for obesity and hypertension. Past surgical history was positive for left ankle arthroscopic repair of the posterior tibial tendon and tendon transfer in 2012. The 7/16/14 treating physician pre-operative visit report documented persistent left ankle lateral pain. Difficulty with weight bearing was reported. Pain was reported with squatting, crouching, toe-walking and toe standing. She showed poor functionality with continued use of a four-prolonged cane for ambulation. Physical exam documented swelling and edema, +5/5 lower extremity extrinsic and intrinsic muscle strength, and pain with palpation of the ankle joint. The patient was provided post-operative instructions which included that she must not bear weight on the foot until cleared to do so. She was expected to begin walking on the foot approximately 3 days after surgery. Records indicate that left ankle surgery has been approved to include arthroscopic excision of an osteochondral defect of the talus and/or tibia, removal of loose bodies, synovectomy, and extensive debridement. The 9/17/14 utilization review denied the request for knee walker as records indicated that the patient would begin walking on the foot approximately 3 days after surgery and crutches had been requested. The request for a 3-in-1 commode was denied as there was no documentation to support the medical necessity of this item post-operatively.

IMR ISSUES, DECISIONS AND RATIONALES

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

Knee walker: 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, Durable Medical Equipment (DME), Ankle, 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) Ankle and Foot, Walking aids (canes, crutches, braces, orthoses, & walkers)

Decision rationale: The California MTUS guidelines do not specifically address the use of a knee walker with foot and ankle injuries. The Official Disability Guidelines recommend walking aids for patients with conditions causing impaired ambulation, when there is a potential for ambulation with these devices. Records indicated that post-operative crutches had been requested and the patient currently used a four-pronged cane. The treating physician opined the patient would be non-weight bearing on the surgical foot for 3 days. There is no compelling reason to support the medical necessity of a knee walker given the short term non-weight bearing status anticipated. Therefore, this request is not medically necessary.

3-in-1 commode: 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, Durable Medical Equipment (DME)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Bathtub seats, Durable medical equipment (DME)

Decision rationale: The California MTUS is silent regarding this durable medical equipment. The Official Disability Guidelines state that certain DME toilet items (commodes) are medically necessary if the patient is room-confined or when prescribed as part of a medical treatment plan for injury or conditions that result in physical limitations. Bathtub seats are considered a comfort or convenience item, hygienic equipment, & not primarily medical in nature. There is no indication that the patient will be room confined following ankle arthroscopy to support the medical necessity of a bedside commode. A shower chair is considered a comfort or convenience item. Therefore, this request is not medically necessary.