

Case Number:	CM14-0064631		
Date Assigned:	07/11/2014	Date of Injury:	08/13/2012
Decision Date:	09/15/2014	UR Denial Date:	04/16/2014
Priority:	Standard	Application Received:	05/07/2014

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 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 injured worker is a 41-year-old female who reported an injury on 08/13/2012 due to an unspecified mechanism of injury. On 04/02/2014, she reported right ankle pain that was aggravated by weight bearing and associated with instability, at bedtime pain, and swelling. It was noted that bracing did not give benefit and that she was full weight bearing with no assistive devices. A physical examination of the foot and ankle revealed alignment to be normal. There was tenderness to the right ankle and increased Talar tilt test to the right ankle. Range of motion to the right ankle was documented as ankle dorsiflexion to 20 degrees, ankle plantarflexion to 60 degrees, inversion to 15 degrees, and eversion to 10 degrees. Sensation was noted to be intact, motor strength was 5/5 throughout with the exception of the hind foot inversion, and there was noted pain but no crepitus. Her medications were listed as Venlafaxine HCl, Folic acid, Clonazepam, and Morphine. The clinical notes showed that she had undergone a CT scan on 03/20/2014 and an MRI on 01/13/2014. Past treatment included bracing and medications. The treatment plan was for a roll about walker. The request for authorization form was signed on 04/09/2014. The rationale for treatment was not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Roll about Walker: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CMS GUIDELINES.

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, Walking aids.

Decision rationale: The California MTUS/ACOEM Guidelines do not address this topic. The Official Disability Guidelines state that walking aids are recommended for patients with bilateral disease. Based on the clinical information submitted for review, the injured worker had noted pain in the right ankle only. Due to the injured worker's pain only being on 1 side, the request for a walker would not be supported. In addition, the rationale for the request of a roll about walker was not provided, and is unclear. The request is not supported by the evidence based guidelines due to an unclear rationale. As such, the request is not medically necessary.