

<b>Case Number:</b>	CM14-0064885		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	01/24/2013
<b>Decision Date:</b>	08/08/2014	<b>UR Denial Date:</b>	04/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 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:

The original date of injury of this patient was 1/24/2013. According to the enclosed information this patient underwent a right foot reconstruction with excision of tarsal coalition, calcaneal osteotomy, Kidner procedure, and tendo Achilles lengthening on 4/16/2014. Patient was admitted to the hospital for postoperative stay. A request form for authorization for medical treatment was submitted on 4/14/2014, requesting amongst other things a knee roller. As part of the postoperative healing, patient is to remain nonweightbearing, which is documented by the patient's physician.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Durable Medical Equipment (DME): Knee Roller:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG -TWCODG TreatmentIntegrated Treatment/Disability Duration GuidelinesAnkle & Foot (Acute & Chronic)Back to ODG - TWC Index (updated 12/19/13).

**Decision rationale:** It is well documented that this patient sustained an injury to his right ankle and foot at work and subsequently had significant revisional foot and ankle surgery. It is made clear by the surgeon that the patient must stay nonweightbearing for many months after surgery in order to allow proper healing. The Official Disability Guidelines (ODG) state that a rolling knee walker/knee roller 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). (See Walking aids (canes, crutches, braces, orthoses, & walkers). Due to the claimant is over 400 pounds, using crutches may compromise his balance and possibly compromise the surgical foot. Therefore, the request for Durable Medical Equipment (DME): Knee Roller is medically necessary and appropriate.