

Case Number:	CM14-0066087		
Date Assigned:	07/11/2014	Date of Injury:	09/14/2012
Decision Date:	10/02/2014	UR Denial Date:	04/10/2014
Priority:	Standard	Application Received:	05/09/2014

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 Occupational 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic knee and ankle pain reportedly associated with an industrial injury of September 14, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; unspecified amounts of physical therapy; a CAM Walker; and crutches. In a Utilization Review Report dated April 10, 2014, the claims administrator denied a request for a knee walker, invoking non-MTUS ODG Guidelines in its denial. The claims administrator stated that indications for the device were not stated and could not be ascertained from the records. Overall rationale was sparse. The applicant's attorney subsequently appealed. In a letter dated May 9, 2014, the applicant's attorney stated that the applicant had a variety of mobility issues. The applicant was having difficulty performing grocery shopping and errands. The applicant's attorney posited that the knee walker would prove invaluable to assist her with such errands following a February 21, 2014 posterior tibial tendon Kidner procedure. In a January 13, 2014 progress note, the applicant was asked to consult a surgeon for surgical correction of her posterior tibial tendon defect. The applicant exhibited an antalgic gait on that date. Diclofenac and Terocin lotion were endorsed. On March 13, 2014, the applicant's surgeon wrote that the applicant should continue to be in a CAM Walker. The applicant's bandage was removed. There were no signs of any infection evident. Compressive stockings were placed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Knee Walker 1 month rental: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Knee and Leg; Walking Aids

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372.

Decision rationale: As noted in the MTUS-Adopted ACOEM Guidelines in Chapter 14, page 372: "Activities and postures that increase stress on a structurally damaged ankle or foot tend to aggravate symptoms." In this case, the applicant was immobile/semimobile/partially mobile on and around the date in question, status post a posterior tibial tendon reconstruction surgery. The applicant was having difficulty moving about. The applicant was apparently using a CAM Walker and was asked to avoid weightbearing activities/pressure on her foot during the several weeks to one month status post ankle tendon reconstruction surgery. Usage of a knee walker to ameliorate the applicant's mobility deficits postoperatively was, by implication, indicated. Therefore, the request was/is medically necessary.