

Case Number:	CM14-0075759		
Date Assigned:	07/16/2014	Date of Injury:	12/12/2011
Decision Date:	09/10/2014	UR Denial Date:	05/01/2014
Priority:	Standard	Application Received:	05/23/2014

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:

According to the enclosed information, the original date of injury for this patient was 12/12/2011. Patient sustained right ankle injury and underwent multiple surgeries for this injury. There is also evidence in the enclosed progress notes that patient has re-injured his right ankle numerous times. On 1/3/2014 patient was evaluated in noted to have a relatively normal gait, with the ability to watch heel to toe, and perform a full squat. Muscle strength surrounding the ankle joint appears normal at 5/5. Diagnoses include tibialis tendinitis and ankle sprain. Patient was casted for a Ritchie ankle brace this day. On 1/30/2014 patient was fitted with his Ritchie ankle brace and advised to wear crosstraining sneakers with it. On 3/6/2014 patient complained of continued right ankle pain and received a local steroid injection to the symptomatic area. An MRI of the right ankle on 4/2/2014 reveals metallic artifacts to the right ankle suggesting prior surgery, moderate osteoarthritis of the right ankle joint, mild tenosynovitis surrounding the right ankle, partial tearing of tendons surrounding ankle joint, edema and fibrosis of the sinus tarsal right, and moderate ankle joint effusion. On 4/9/2014 patient is noted to have a severely antalgic gait right side. His right ankle symptoms have worsened. Tenderness is noted upon palpation to the peroneal tendons right side, with crepitation to the right ankle joint range of motion. Diagnoses include ankle enthesiopathy, Achilles tendinitis, pain in limb right side. A local steroid injection to symptomatic right ankle was initiated. On 4/18/2014 patient presented with extreme right ankle pain, rated at 10/10. Gait evaluation is essentially normal according to the progress note. Muscle strength appears to be 5/5 surrounding the right ankle according to the physical examination. A custom Arizona brace and a wheelchair rental was recommended during this visit. On 4/22/2014 a request for authorization for medical treatment form was filled out for an Arizona brace and a wheelchair rental for three months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Durable medical equipment MI (3 month wheel chair rental): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-Foot & Ankle chapter.

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 chapter, procedure summary.

Decision rationale: After careful review of the enclosed information and the pertinent ODG guidelines for this case, it is my feeling that the decision for the durable medical equipment/wheelchair rental is not medically reasonable or necessary at this time. It is well established in the progress notes that this patient has suffered with significant right ankle pathology and pain. Patient has been fitted appropriately with an Arizona brace and has also utilized and immobilization CAM Walker. Multiple notes advise that patient's gait is normal and that the muscle strength surrounding the right ankle is rated at 5/5. ODG guidelines recommend a manual wheelchair if the patient requires and will use a wheelchair to move around in their residence, and it is prescribed by a physician. There is nothing in the progress notes that advise that this patient has difficulty moving around their residence. In fact, it is stated multiple times in different progress notes that his gait is essentially normal and has muscle strength rated at 5/5. As such, the request is not medically necessary.