

Case Number:	CM14-0079660		
Date Assigned:	07/18/2014	Date of Injury:	06/04/2010
Decision Date:	08/25/2014	UR Denial Date:	05/06/2014
Priority:	Standard	Application Received:	05/30/2014

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 Emergency 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 patient has a reported date of injury on 6/4/2010. No mechanism of injury was provided. The patient has a diagnosis of bilateral plantar fasciitis and is post right plantar fascial release (5/11). Medical records were reviewed. The last report available was until 4/21/14. The patient complains of bilateral foot pain, left worse than right side. An objective exam reveals antalgic gait, a well healed incision over right foot on plantar aspect, and tenderness to the left plantar fascia. Symptoms increased with activation of windlass mechanism. No other imaging or electrodiagnostic reports were provided. No medication list was provided. The patient has been treated with orthotics, night splints, cortisone injections with minimal improvement. Also documentation of other conservative treatment with little improvement. The treating surgeon was requesting left plantar fascial release procedure. There is no noted documentation if this was approved. Independent Medical Review is for knee walker. Prior UR on 5/7/14 recommended non certification.

IMR ISSUES, DECISIONS AND RATIONALES

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

Knee walker: 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 procedure summary.

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.

Decision rationale: It is noted that the knee walker was requested as a post operative device after requested plantar fascia release. It is not documented if the procedure was approved in the provided records. There is no appropriate information in the MTUS Chronic pain, Post-surgical or ACOEM guidelines concerning this topic. As per Official Disability Guidelines (ODG), walking aids like a walker is recommended for patients with impaired ambulation. The patient has bilateral plantar fasciitis and has noted difficulty walking and will likely have more difficulty after procedure. Therefore, the knee walker is medically necessary.