MAXIMUS Federal Services

Case Number:	CM14-0083887		
Date Assigned:	07/21/2014	Date of Injury:	01/10/2012
Decision Date:	08/26/2014	UR Denial Date:	05/09/2014
Priority:	Standard	Application Received:	06/05/2014

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 & Rehabilitation, and is licensed to practice in Texas and Ohio. 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 58-year-old female who reported an injury on 01/10/2012. The mechanism of injury was not specifically stated. The current diagnosis is ankle sprain. The injured worker was evaluated on 05/21/2014. It is noted that the injured worker continues to demonstrate significant difficulty regarding the left ankle. Previous conservative treatment includes physical therapy. The injured worker also demonstrated significant pain and crepitus to range of motion, chronic instability and difficulty with ambulation, swelling, hyperextension, painful functionality, and painful weight-bearing. It is also noted that the injured worker demonstrated positive MRI findings consistent with arthritic changes of the ankle joint with retained loose bodies. Treatment recommendations included arthroscopic surgery for the left ankle with a surgical assistant and postoperative durable medical equipment. A request for authorization was then submitted on 06/12/2014 for arthroscopic surgery, a surgical assistant, a knee walker, CAM walker, hot/cold therapy, and shower boot.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cam Walker: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Rolling Knee Walker-Ankle and Foot Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, Cam walker, Cast.

Decision rationale: The Official Disability Guidelines state a CAM walker is a brand name for what is basically a removable cast. Casting (immobilization) is not recommended in the absence of a clearly unstable joint or a severe ankle sprain. Partial weight-bearing as tolerated is recommended. As per the documentation submitted, there is no indication that this injured worker's surgical procedure has been authorized. Based on the clinical information received and the above mentioned guidelines, the current request for postoperative durable medical equipment is also not medically necessary.

Hot/Cold Therapy Unit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Cold Packs-Ankle and Foot 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 & Foot Chapter, Continuous Flow Cryotherapy.

Decision rationale: The Official Disability Guidelines do not recommend continuous flow cryotherapy for the ankle and foot. There was also no indication that this injured worker's surgical procedure has been authorized Therefore, the request is not medically appropriate.

Knee Walker: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (immobilization) Ankle and Foot Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg chapter, Walking Aid.

Decision rationale: The Official Disability Guidelines state walking aids are recommended as indicated. There is no indication that this injured worker's surgical procedure has been authorized. As such, the request for postoperative durable medical equipment is also not medically necessary.