

Case Number:	CM14-0093934		
Date Assigned:	07/25/2014	Date of Injury:	09/15/2011
Decision Date:	08/28/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	06/20/2014

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 and Rehabilitation, has a subspecialty in Interventional Spine 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 is a 31-year-old male with a date of injury of 09/15/2011. The listed diagnoses per [REDACTED] are: 1. Crushing trauma, first left toe with ingrown toenail infection and status post excision of ingrown toenail on 04/26/2014. 2. Degenerative joint disease. 3. Myoligament instability, ACL/internal derangement, left knee. 4. Lumbar spine strain/sprain with radiculitis. 5. Overload pain, right knee. According to progress report 05/15/2014 by [REDACTED], the patient is status post excision of ingrown toenail on 04/26/2014. On examination of the big toe, there was a decrease in cellulitis and well healed incision noted. Report 05/08/2014 indicates the patient is utilizing Lotrimin ointment for the infected right toe. Report 05/02/2014 indicates the patient is status post excision and complaining of throbbing pain in the foot rated at 8/10. The treating physician's progress reports are limited in subjective and objective findings. Request for authorization from 05/27/2014 requests durable medical equipment of crutches. Utilization Review denied the request on 06/10/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Crutches: 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).

Decision rationale: This patient is status post excision of ingrown toenail on 04/26/2014. The treating physician is requesting crutches. The medical file provided for review does not include a rationale for the request. It appears the treating physician is requesting crutches as the patient had an excision done on an ingrown toenail in April of 2014. Utilization review denied the request stating, there are no medical records submitted. The ACOEM and MTUS do not discuss crutches. ODG does provide a discussion on walking aids under its knee chapter. Crutches for the foot are not addressed. ODG states, walking aids are recommended, as indicated below. Almost half of patients with knee pain possess a walking aid. Disability, pain, and age-related impairments seem to determine the need for a walking aid. Non-use is associated with less need, negative outcome, and negative evaluation of the walking aid. In this case, the patient has recently undergone foot surgery and also suffers from chronic knee pain with instability. The requested crutches to limit weight bearing are reasonable and medically necessary and appropriate.