

<b>Case Number:</b>	CM14-0187471		
<b>Date Assigned:</b>	11/17/2014	<b>Date of Injury:</b>	05/01/2012
<b>Decision Date:</b>	01/06/2015	<b>UR Denial Date:</b>	10/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/10/2014

### 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 Family Medicine and is licensed to practice in North Carolina. 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 70-year-old with a reported date of injury of 05/01/2012. The injured worker has the diagnoses of left calcaneal fracture and left subtalar arthritis. Per the progress reports provided for review from the requesting physician dated 09/24/2014, the injured worker had complaints of throbbing foot pain. The mechanism of injury was having his foot hit by a heavy door. The physical exam noted severe restricted range of motion in the subtalar joint and crepitus. The treatment recommendations included subtalar fusion and MRI of the ankle. A request for a knee walker was made on 10/01/2014 for duration of seven weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Heavy Duty Wheeled 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.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Walker

**Decision rationale:** The California MTUS and the ACOEM do not specifically address the requested service. Per the Official Disability Guidelines section on knee walker, they are recommended for patients who cannot use crutches, standard walkers or other standard

ambulatory devices (i.e. a patient with an injured foot who only has the use of one arm). In this case the injured worker has undergone foot surgery so ambulation assistance would be required. However, there is no indication why the injured worker could not use a standard walker or crutches. Therefore the request for a Heavy Duty Wheeled Walker is not medically necessary.