

<b>Case Number:</b>	CM14-0187861		
<b>Date Assigned:</b>	11/18/2014	<b>Date of Injury:</b>	11/27/2009
<b>Decision Date:</b>	01/06/2015	<b>UR Denial Date:</b>	10/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2014

### 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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic foot and ankle pain reportedly associated with an industrial injury of November 27, 2009. In a Utilization Review Report dated October 29, 2014, the claims administrator denied a request for purchase of a Cam walker. Non-MTUS ODG and Third Edition ACOEM Guidelines were specifically invoked, despite the fact that the MTUS did address the issues at hand. The claims administrator stated that its decision was based on September 23, 2014 RFA form. The applicant's attorney subsequently appealed. In June 25, 2014 progress note; the applicant reported ongoing complaints of right lower extremity pain, foot pain, ankle pain and swelling. Discomfort and tenderness are appreciated about the foot and ankle with some low-grade swelling appreciated. The applicant exhibited diagnoses of tarsal tunnel syndrome, ankle sprain, chronic pain syndrome, and reflex sympathetic dystrophy. Ankle corticosteroid injection, Dilaudid, and Voltaren gel were endorsed. The applicant's work status was not furnished on this occasion. In a March 5, 2014 progress note, it was stated that the applicant would remain off of work indefinitely. The applicant also had superimposed issues with pancreatic cancer, it was acknowledged. Hypersensitivity test was appreciated. Dilaudid and a corticosteroid injection were performed. The remainder of the file was surveyed. Several progress notes were made available to claims administrator, including the September 19, 2014 progress note and associated RFA form of September 23, 2014, on which the article in question was sought, were not incorporated into the independent medical review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CAM Walker (purchase):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines): CAM Walker

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): TABLE 14-3, PAGE 370, Chronic Pain Treatment Guidelines Power Mobility Devices Page(s): 99.

**Decision rationale:** While the MTUS Guideline in ACOEM Chapter 14, Table 14-3, page 370 notes that splinting or immobilization are recommended as options in severe cases of ankle sprains, in this case, however, there was no mention of the applicant having severe case of an ankle sprain on or around the date in question. It was not clearly stated why immobilization via the Cam Walker was indicated on or around the date in question, several years removed from the date of injury. While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that power mobility devices are not recommended if an applicant's functional mobility deficit is such that it can be sufficiently resolved through a cane or walker, the latter of which is essentially analogous to the Cam Walker at issue here, in this case, however, the nature, extent, severity, and/or scope of the applicant's functional mobility deficits (if any) was not clearly characterized, although it is acknowledged that the September 22, 2014 progress note, on which article in question was sought was seemingly not incorporated into the independent medical review packet. The information which is in on file, however, fails to support or substantiate the request. Therefore, the request was not medically necessary.