

Case Number:	CM14-0193403		
Date Assigned:	12/01/2014	Date of Injury:	11/02/2010
Decision Date:	01/13/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	11/18/2014

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 licensed in Podiatric surgery and is licensed to practice in New York. 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:

According to the enclosed information, the original date of injury for this patient was 11/2/10. Patient apparently sustained a fifth metatarsal fracture/Jones fracture left fifth metatarsal. Fracture care necessitated open reduction with internal fixation. The progress note dated 8/14/2014 advises of pain to the fifth metatarsal base area status post hardware removal. It is noted that the sural nerve is involved with hypersensitivity left side. Scar tissue adhesion is thought to be the cause of patient's pain. Patient states that he is unable to toe walk or stand squat or crouch comfortably because of this pain. Positive Tinel's sign is noted to the sural nerve left foot. Steroid injection to the symptomatic nerve area demonstrated minimal reduction in pain. Decompression of sural nerve was recommended, and a knee walker was recommended for postoperative recovery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Knee walker for the left foot: 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), Treatment Index, 12th Edition (web), 2014, Ankle and Foot, Continuous-flow cryotherapy; Rolling knee walker

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 section, summary of medical evidence, rolling knee walker, page 30

Decision rationale: After careful review of the enclosed information and the pertinent ODG guidelines for this case, it is my feeling that the decision for a rolling knee walker is not medically reasonable or necessary for this patient at this time. The ODG guidelines recommend rolling knee walkers for patients who cannot use crutches, standard walkers, or other standard ambulatory assistive devices. There is no documented evidence that this patient cannot use one of the aforementioned devices to help alleviate pressure on his recovering left foot post-surgery. Therefore, the request for Knee walker for the left foot is not medically necessary and appropriate.