

<b>Case Number:</b>	CM14-0099390		
<b>Date Assigned:</b>	09/23/2014	<b>Date of Injury:</b>	12/21/1999
<b>Decision Date:</b>	03/31/2015	<b>UR Denial Date:</b>	06/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/27/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
State(s) of Licensure: California  
Certification(s)/Specialty: Orthopedic Surgery

### 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 46 year old male who sustained an industrial injury on 12/21/99. He reports right great toe pain, and cramping that makes walking difficult. Treatments to date include casting, and physical therapy. Diagnoses include hallux rigidus moderate degree with a slight hypermobile first metatarsal. In a progress note dated 03/21/14, the treatment plan is noted to be surgery and associated services. On 06/04/14 Utilization Review non-certified boot, mobile crutches, and roll-a-bout scooter, citing ODG guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Boot Purchase:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Treatment for Worker's Compensations

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg, Durable medical equipment

**Decision rationale:** CA MTUS/ACOEM guidelines are silent on the issue of DME. Per the ODG Knee and Leg section, Durable medical equipment, is generally defined as a device that meets Medicare definition. The term DME is defined as equipment which:(1) Can withstand repeated use, i.e., could normally be rented, and used by successive patients;(2) Is primarily and customarily used to serve a medical purpose;(3) Generally is not useful to a person in the absence of illness or injury; &(4) Is appropriate for use in a patient's home. In this case there is lack of medical necessity for a boot from the exam note of 3/21/14. Therefore the determination is for non-certification.

**Mobileg Crutches:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Treatment for Worker's Compensations, Knee and Leg

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg, Walking aids

**Decision rationale:** The CA MTUS/ACOEM guidelines are silent regarding crutches. According to the ODG knee chapter, walking aids, "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. Nonuse is associated with less need, negative outcome, and negative evaluation of the walking aid. The use of a cane and walking slowly could be simple and effective intervention strategies for patients with OA. In a similar manner to which cane use unloads the limb, weight loss also decreases load in the limb to a certain extent and should be considered as a long-term strategy, especially for overweight individuals." In this case there is lack of functional deficits noted in the exam note from 3/21/14 to warrant crutches. Therefore the determination is for non-certification.

**Roll-a-bout scooter:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Treatment for Worker's Compensations

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Ankle and Foot, Rolling Knee walker

**Decision rationale:** CA MTUS/ACOEM is silent on rolling knee walker. According to ODG, Ankle section, a rolling knee walker is recommended for patients who cannot use crutches, standard walkers or other standard ambulatory assist devices (e.g., a patient with an injured foot who only has use of one arm). In this case the exam note from 3/21/14 does not demonstrate a need for crutches or assistive devices. Therefore the determination is for non-certification.

