MAXIMUS Federal Services

Case Number:	CM15-0108009		
Date Assigned:	06/12/2015	Date of Injury:	06/05/2014
Decision Date:	07/14/2015	UR Denial Date:	05/18/2015
Priority:	Standard	Application Received:	06/04/2015

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: North Carolina
Certification(s)/Specialty: Family Practice

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 38 year old female, who sustained an industrial injury on 6/5/14. She reported initial complaints of falling into a hole injuring the right foot. The injured worker was diagnosed as having right foot plantar fascial injury with healed fifth digit fracture; fourth metatarsal bone contusion with intermetatarsal neuritis, right foot; unspecified enthesopathy of ankle and tarsus. Treatment to date has included physical therapy; cortisone injections (last one 2/14/15); medications. Diagnostics included MRI right foot (12/30/14). Currently, the PR-2 notes dated 5/7/15 indicated the injured worker returns to the office as a follow-up after a recent orthopedic evaluation. This provider does not have the written report but understands the surgeon agreed that surgery would be appropriate to permanently relieve the chronic foot pain resulting from her industrial injury. The area of maximum tenderness is noted overlying the fourth metatarsocuboid joint. There is still prominence at the fourth metatarsal base indicating subluxation or dislocation of this joint. There is also noted swelling in this area. A MRI of the right foot dated 12/30/14 impression notes impaction contusional injury affects the plantar aspect of the fourth metatarsal base. No displacement fractures are evident; otherwise normal MRI evaluation of the right foot. A surgical procedure is planned is for an ORIF right fourth metatarsocuboid joint dislocation using K-wire in place for 4 weeks. She will be nonweight bearing during this time and will require a 1-2 month rental of a knee caddy walker, crutches and postoperative pain medication. The provider is requesting authorization of the Knee caddy walker.

IMR ISSUES, DECISIONS AND RATIONALES

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

Knee caddy 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 ODG, walker.

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. The ODG states walkers are medically indicated in patients with ambulatory issues that cannot use a manual powered wheelchair or crutches. In this case, the walker has been requested for post-surgical use. However, review of the provided documentation indicates the surgery has not been approved and therefore the walker would not be medically necessary and the request is not medically necessary.