

<b>Case Number:</b>	CM15-0160734		
<b>Date Assigned:</b>	08/27/2015	<b>Date of Injury:</b>	07/07/2014
<b>Decision Date:</b>	09/29/2015	<b>UR Denial Date:</b>	07/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/17/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 39 year old male with an industrial injury dated 07-07-2014. The injured worker's diagnoses include rule out of tarsal tunnel syndrome and rule out of possible radiculopathy of the left lower extremity. Treatment consisted of electromyography (EMG) and nerve conduction studies (NCS) of the left lower extremity, prescribed medications, steroid injections, and periodic follow up visits. In a progress note dated 04-14-2015, the injured worker reported left heel pain and was diagnosed by podiatrist with plantar fasciitis. The injured worker reported pain radiation up his leg, buttock and back. The injured worker also reported numbness and tingling in the bottom of foot. Objective findings revealed suggestion of positive Tinel's sign, decreased patella and Achilles tendon reflexes on the left compared to right; and pain with palpitation in the origin of the plantar fascia. In a progress report dated 05-29-2015, the treating physician reported no evidence of lumbosacral radiculopathy, plexopathy, or peripheral nerve entrapment on the left. In a progress note dated 06-15-2015, the injured worker presented for failure of equipment. The injured worker reported that he wore through the heel of his cast. The treatment plan consisted of replacement of cast and follow up visit. In a progress note dated 07-02-2015, the injured worker reported no significant improvement after one month immobilization in a cast. In the most recent progress note dated 07-21-2015, the injured worker reported the cast immobilization did not work and the injured worker would like to proceed with surgery. Objective findings revealed pain with palpitation at the origin of the plantar fascia with a positive Tinel's sign at the calcaneal branch through the abductor digit quinti pierces of the

abductor hallucis. The treating physician prescribed roll about knee walker related to tarsal tunnel syndrome purchase, now under review.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Roll about knee walker related to tarsal tunnel syndrome purchase:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Rolling knee walker, page 39, pages 358-359.

**Decision rationale:** Per Guidelines, disability, pain, and age-related impairments seem to determine the need for a walking aid; however, medical necessity for request of walker has not been established as no specific limitations in ADLs have been presented. The patient is currently taking medications for the chronic pain complaints. The provider noted the patient is ambulating without assistive devices and without documented difficulties or specific neurological deficits defined that would hinder any ADLs. Exam had no findings of neurological deficits in motor strength in bilateral lower extremities. The patient has been participating in outpatient office visits without issues and does not appear to be home bound. Submitted reports have not demonstrated adequate support for this from a clinical perspective without new acute injury or red-flag conditions. There is no documented certification of proposed surgical procedure. The Roll about knee walker related to tarsal tunnel syndrome purchase is not medically necessary and appropriate.