

Case Number:	CM15-0167772		
Date Assigned:	09/08/2015	Date of Injury:	06/10/2015
Decision Date:	10/07/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	08/26/2015

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: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 39 year old male, with a date of injury of 6-10-2015 when his foot got caught in a power lift and twisted. Diagnoses include right talus fracture, closed. Treatment to date has included surgical intervention (ORIF (open reduction internal fixation) of the talus body and neck on 6-13-2015), as well as hyperbaric oxygen therapy, inpatient postoperative physical therapy, and medications. Current medications include Norco and Oxycodone. Per the Orthopedic Progress Report dated 7-14-2015, the injured worker presented for a follow-up visit. He reported right ankle pain localized to the ankle region and is currently rated as 8 out of 10 in severity. Objective findings of the right lower extremity included general tenderness with moderate swelling and severely limited range of motion. Strength testing was limited by pain. He was non weight-bearing. It is documented by the PTP that he has been utilizing crutches to walk, however the orthopedist notes increase pain and swelling when the leg is dependent. The plan of care included, and authorization was requested, for waterproof cast bag, water chair with right elevated leg rest, knee scooter and new short leg fiberglass cast.

IMR ISSUES, DECISIONS AND RATIONALES

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

Waterchair with Right Elevated Leg Rest: Overturned

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 Official Disability Guidelines (ODG) Knee and Leg/DME.

Decision rationale: This issue not addressed in the MTUS Guidelines, but is most directly addressed in ODG knee section on durable medical equipment. It is clear that this individual has been ambulating with crutches and no weight bearing on the affected extremity; however he is developing additional pain and swelling when the leg is dependent. This request is directly related to the medical necessity of keeping the leg elevated during rest and travel. The request in the narratives is for a Wheelchair and not a water chair. Under the circumstances, the request for the Wheelchair/water chair with right elevated leg rest is supported by Guidelines and is medically necessary.

Knee Scooter: Overturned

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 Official Disability Guidelines (ODG) Knee and Leg/DME.

Decision rationale: This issue not addressed in the MTUS Guidelines, but is most directly addressed in ODG knee section on durable medical equipment. It is clear that this individual has been ambulating with crutches and no weight bearing on the affected extremity; however, he is developing additional pain and swelling when the leg is dependent. This request is directly related to the medical necessity of keeping the leg elevated during rest and travel. Under these circumstances, the request for the knee scooter which is simple equipment that allows mobility with the leg elevated is supported by Guidelines and is medically necessary.