

<b>Case Number:</b>	CM15-0207922		
<b>Date Assigned:</b>	10/26/2015	<b>Date of Injury:</b>	10/25/2013
<b>Decision Date:</b>	12/08/2015	<b>UR Denial Date:</b>	10/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/22/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 24 year old male, who sustained an industrial injury on 10-25-2013. Medical records indicate the worker is undergoing treatment for post right foot subtalar joint coalition resection. A recent progress report dated 9-24-2015, reported the injured worker presented for suture removal and complained of trouble with his hands on his current crutches. Physical examination revealed clean and dry wounds with sutures removed and a short leg cast application. Treatment to date has included surgery, physical therapy and medication management. On 9-24-2015, the Request for Authorization requested Crutches with extra padding and hydraulic support in hand-rest. On 10-5-2015, the Utilization Review noncertified the request for Crutches with extra padding and hydraulic support in hand-rest.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Crutches with extra padding and hydraulic support in handrest: 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), Ankle & Foot, Walking aids (canes, crutches, braces, orthoses & walkers).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Knee & Leg (Acute & Chronic), Durable medical equipment (DME) (2) Knee & Leg (Acute & Chronic) Walking aids (canes, crutches, braces, orthoses, & walkers).

**Decision rationale:** The claimant sustained a work injury in October 2013 when he twisted his right ankle. Eight months later he had continued severe stiffness and pain and was found to have complex coalition of the right subtalar joint. In February 2015 he underwent surgery. In May 2015 he had completed a course of physical therapy. He had improved subtalar motion. In June 2015 he was worse than prior to surgery. He had significant arthritis of the subtalar joint. A diagnostic injection was performed with relief of symptoms. A subtalar fusion was planned with postoperative care of non-weight bearing status with a cast six weeks and then a walking cast for four weeks. In September 2015 he had undergone the fusion surgery. He was doing well. The assessment references the claimant as having trouble with his hands with his current basic crutches. A more advanced crutch with extra padding and hydraulic support in the hand rest was requested. Durable medical equipment can be recommended if there is a medical need and if the device or system meets the Medicare definition of durable medical equipment (DME). In this case, the reason the claimant is having trouble using crutches is not described. There is no reported upper extremity impairment. Adjustment of the crutches and review of proper use would be expected before consideration of prescribing an alternative device. Basic crutches would be expected to meet the claimant's need. The request is not medically necessary.