

Case Number:	CM15-0031420		
Date Assigned:	02/24/2015	Date of Injury:	01/30/2004
Decision Date:	04/08/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	02/19/2015

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: Texas, New York, 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:

The applicant is a represented 61-year-old who has filed a claim for chronic pain syndrome reportedly associated with an industrial injury of June 30, 2004. In a Utilization Review Report dated February 30, 2015, the claims administrator failed to approve a request for forearm crutches. The claims administrator referenced an RFA form received on February 9, 2015 and a progress note of January 25, 2015 in its determination. The applicant's attorney subsequently appealed. On October 9, 2014, the applicant reported multifocal complaints of low back, knee, and ankle pain. Desyrel, Flexeril, Protonix, tramadol, and Lidopro cream were endorsed. On February 16, 2015 the applicant reported ongoing complaints of ankle pain one week status post Achilles tendon reattachment surgery. The applicant apparently came in with an ankle scooter. The applicant was apparently having difficulty ambulating. The applicant was using Norco for postoperative pain relief. The attending provider reiterated his request for the forearm crutches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Forearm crutches: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Knee & Leg (updated 02/05/15), Walking aids (cans, crutches, braces, orthoses & walkers).

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 371.

Decision rationale: Yes, the request for forearm crutches was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 14, page 371, partial weight bearing with crutches is desirable during the initial phase of the recovery. Here, the applicant had undergone ankle surgery on or around the date of the request. The applicant was semi-ambulatory on or around the date the request was initiated. The applicant was having difficulty moving independently, still using a scooter to move about as of February 16, 2015. Provision of crutches, thus, was indicated on or around the date in question. Therefore, the request was medically necessary.