

Case Number:	CM15-0056739		
Date Assigned:	04/01/2015	Date of Injury:	10/02/2001
Decision Date:	05/05/2015	UR Denial Date:	03/16/2015
Priority:	Standard	Application Received:	03/25/2015

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: Illinois, California, Texas
 Certification(s)/Specialty: Orthopedic Surgery

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 52-year-old female who sustained an industrial injury on 10/02/01. She sustained a low back injury while transporting a box. A subsequent injury occurred when she fell down a flight of stairs due to her right leg giving out in 2007. Past surgical history was positive for L5/S1 laminectomy in 1990, lumbar decompression and fusion L4-S1 on 9/25/07, right ankle lateral collateral ligament repair in June 2011, removal of painful scar right ankle on 9/2/11, repair of right peroneal longus on 6/1/12, and right tarsal tunnel release on 11/14/14. The 12/15/14 podiatry report indicated that she was ambulating with full weight bearing and doing well overall. She had continued right medial foot numbness. Functionally, she was significantly better. The treatment plan included physical therapy. The 2/23/15 podiatry report indicated that the right foot tarsal tunnel pain was improving as expected following surgery. She had continued planta fascia pain. Mostly, she wanted authorization for orthotics. Physical exam documented normal vascular, dermatological, neurologic, and muscle testing. Orthopedic exam documented symptomatic severe pain in the plantar fascia, over the medial and central bands. Symptoms increased significantly with activation of the windlass mechanism. She had difficulty heel walking, heel standing, squatting, and crouching. Dorsiflexion of the foot increased pain significantly. Conservative treatment had included orthotics, three injections, night splints, and a change in shoe gear. Surgical intervention for her plantar fasciitis was warranted. Authorization was requested for plantar fascia release. The treatment plan recommended continued physical therapy and topical medications. A request for authorization of a knee walker was made. The

3/16/15 utilization review denied the knee walker as the associated surgery was not found to be medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Knee 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, Foot and Ankle Chapter, Cam Walker, Cast (Immobilization).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and Foot: Walking aids (canes, crutches, braces, orthoses, & walkers).

Decision rationale: The California MTUS guidelines do not provide specific guidelines for post-op ambulatory assistant devices. The Official Disability Guidelines state that disability, pain, and age-related impairments determine the need for a walking aid. Assistive devices can reduce pain and allow for functional mobility. There is no compelling reason to support the medical necessity of a knee walker for this patient over other walking aids. There is no evidence in the record that the associated plantar fascia surgery has been found medically necessary. Therefore, this request is not medically necessary.