

<b>Case Number:</b>	CM15-0058989		
<b>Date Assigned:</b>	04/30/2015	<b>Date of Injury:</b>	05/03/2014
<b>Decision Date:</b>	05/29/2015	<b>UR Denial Date:</b>	03/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/27/2015

### 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 63 year old female, who sustained an industrial injury on 5/3/2014. She reported injury from a trip and fall. The injured worker was diagnosed as having left posterior tibial tendon dysfunction and left painful accessory navicular. Magnetic resonance imaging showed tendinitis/tenosynovitis. Treatment to date has included chiropractic care, physical therapy, bracing and medication management. In a progress note dated 2/13/2015, the injured worker complains of pain in the left foot. The treating physician is requesting roll about knee walker.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Roll A Bout 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 (ODG) Knee & Leg 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 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 prior and without documented difficulties or specific neurological deficits defined that would hinder any ADLs. Exam had no findings of neurological deficits in motor strength and sensation in bilateral upper extremities to hinder use of crutches or cane. 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. The Roll A Bout Knee Walker is not medically necessary and appropriate.