

Case Number:	CM13-0002659		
Date Assigned:	12/04/2013	Date of Injury:	11/06/2012
Decision Date:	01/07/2014	UR Denial Date:	07/09/2013
Priority:	Standard	Application Received:	07/23/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 49-year-old male who reported an injury on 11/06/2012. The patient is currently diagnosed with a tear of the collateral ligaments of the ankle, status post-surgery. The patient was recently evaluated by [REDACTED] on 11/12/2013. The patient has a past surgical history of right hand surgery in 1998 and right ankle surgery on 08/20/2013. The patient complained of 6/10 right ankle pain with swelling, numbness, and tingling. Current medications include Ultracet. Physical examination revealed slightly decreased range of motion of the right ankle, negative straight leg raise, antalgic gait, tenderness anteriorly and laterally, 5/5 strength throughout, decreased sensation at L5-S1 dermatome, and 2+ reflexes. Treatment recommendations included continuation of current therapy and home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Roll-about walker: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374. Decision based on Non-MTUS Citation Official Disability Guidelines: Knee & Leg Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

Decision rationale: The ODG state that durable medical equipment is recommended generally if there is a medical need and if the device or system meets the definition of durable medical equipment. Frames or wheeled walkers are preferable for patients with bilateral disease. As per the clinical notes submitted, the patient demonstrates decreased range of motion, tenderness to palpation, and an antalgic gait. The patient has been partial weightbearing with crutches and is currently participating in physical therapy and a home exercise program. There is no evidence that this patient is unable to utilize crutches or similar devices. Therefore, a roll-about walker is not recommended as medically necessary. Based on the clinical information received and Official Disability Guidelines, the request is non-certified. The request for a roll-about walker is not medically necessary and appropriate.