

Case Number:	CM14-0115335		
Date Assigned:	08/04/2014	Date of Injury:	01/27/2012
Decision Date:	10/15/2014	UR Denial Date:	07/14/2014
Priority:	Standard	Application Received:	07/23/2014

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. The expert reviewer is Board Certified in Occupational Medicine 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 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/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 claimant was injured on 01/27/12. He sustained a crush injury to his left foot and ankle. A front wheeled walker has been recommended for home use and is under review. He has a diagnosis of posttraumatic tibiotalar arthritis and a total ankle arthroplasty was recommended on 07/10/14. He had previous surgery to the left ankle that was well-healed. On 07/07/14, he was evaluated and was status post left ankle arthrotomy with removal of the fibular hardware. His arthritis had progressed. Total ankle arthroplasty was scheduled for 07/10/14. He was expected to be splinted status post surgery. He was to be nonweightbearing for 6-8 weeks before starting aquatic therapy. He had a significant gait disturbance. There is no documentation of an operative report and his status is unclear relative to the surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Front wheel walker for home: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guideline (ODG) Ankle & Foot Walking Aids , knee chapter , Knee & Leg

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG)

Decision rationale: The history and documentation do not objectively support the request for a front-wheeled walker for home use. The ODG state regarding ambulatory assistive aids are "recommended for patients with conditions causing impaired ambulation, when there is a potential for ambulation with these devices." In this case, however, it is unclear whether the claimant ever had the surgery that was planned or what his status has been since July 2014 when this device was recommended. There are no operative reports or office notes since 07/07/14, before the planned surgery. The request for a front-wheeled walker is not medically necessary.