

<b>Case Number:</b>	CM14-0118522		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	01/18/2001
<b>Decision Date:</b>	10/06/2014	<b>UR Denial Date:</b>	07/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/29/2014

### 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 Physical Medicine & Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 44 year-old individual was reportedly injured on 1/18/2001. After a thorough review of the medical records available, the mechanism of injury was not evident. Most recent progress note, dated 6/5/2014, indicates that there are ongoing complaints of left foot/ankle pain. The physical examination demonstrated left foot/ankle: pain with range of motion, tenderness to the posterior tibial tendon and talonavicular junction. Normal gait, reflexes 2+ equal bilaterally. Sensation intact to light touch. Muscle strength within normal limits 5/5 equal bilaterally. No recent diagnostic studies are available for review. Previous treatment includes medications, and conservative treatment. A request had been made for crutches for purchase, and was not certified in the pre-authorization process on 7/15/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Crutches E0114 for Purchase:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, TREATMENT INDEX, 11TH EDITION (WEB), 2013, KNEE & LEG CHAPTER, WALKING AIDS

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg (Acute and Chronic). Walking Aids. Updated 8/25/2014.

**Decision rationale:** ODG guidelines recommend walking aids such as cane, crutches, braces, and walkers for patients with knee pain, and difficulty with ambulation. After review of the medical records provided the patient is described as having a normal gait without the use of assistive devices. Muscle strength is rated 5/5 equal bilaterally. There are no motor or sensory deficits noted at this time. It is noted the patient is going to be scheduled for a surgical procedure on June 13, 2014. Surgery is not listed at this point in time, and there is insufficient documentation that the injured worker will need crutches postoperatively. Therefore this request is deemed not medically necessary.