

Case Number:	CM14-0125220		
Date Assigned:	09/26/2014	Date of Injury:	03/07/2005
Decision Date:	12/12/2014	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	08/07/2014

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 Internal Medicine and is licensed to practice in Louisiana. 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 injured worker is a 64-year-old male who reported an injury on 03/07/2005. The mechanism of injury was a lawnmower hitting the right foot, breaking the right ankle. His diagnoses were noted to include posttraumatic arthritis in the right ankle and dorsal exostosis of the metacarpophalangeal joint of the right foot. His past treatments were noted to include medication, compression therapy, crutches, CAM walker, cryotherapy, and a home exercise program. He is status post right ankle arthroscopy and mid foot dorsal exostectomy dated 03/31/2014. During the assessment on 7/24/2014, the injured worker stated to have some mild numbness on the top of the right foot. He also stated that the pain was much better than before surgery. The physical examination revealed the surgical site to the dorsal foot is mildly tender to palpation. His medication was noted to include Lipitor 80mg, Doxazosin 2mg, Lisinopril 40mg, HCTZ 25mg, Janumet 50mg, Pioglitazone/Glimepiride 30/4mg, Polyethylene Glycol 3350mg and Tramadol ER 150 mg. The treatment plan was to continue with medication and request authorization for ongoing postoperative care. The rationale for the walker for the right ankle was not provided. The Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Walker - Right Ankle: 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 Workers Compensation, Ankle/Foot

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

Decision rationale: The request for walker for right ankle is not medically necessary. The Official Disability Guidelines recommend walkers for patients with conditions causing impaired ambulation, when there is potential for ambulation with these devices. The injured worker was noted to be ambulating in a postoperative shoe and a CAM walker. The request did not specify what type of walker was being requested to assist with ambulation. There was a lack of adequate information regarding the rationale for the walker for the right ankle and there was no documentation of significant functional deficits. It is also unclear whether the request is for the purchase or rental of a walker. Due to the lack of pertinent information, the request for the walker for the right ankle is not medically necessary.