

Case Number:	CM14-0125797		
Date Assigned:	09/26/2014	Date of Injury:	01/10/2012
Decision Date:	10/27/2014	UR Denial Date:	07/09/2014
Priority:	Standard	Application Received:	08/08/2014

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 Orthopedic Surgeon and is licensed to practice in Texas. 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 59-year-old female who reported a work related injury on 01/10/2012. The mechanism of injury was not provided for review. The injured worker's diagnosis consists of a left ankle sprain. The injured worker's past treatment has included 12 sessions of physical therapy, 6 sessions of acupuncture, injections, strapping and bracing. Diagnostic studies consist of an MRI of the left ankle dated 10/26/2012 which revealed minor degenerative change at the first metatarsal/proximal phalangeal joint of the great toe and degenerative changes involving the sesamoid under the head of the first metatarsal. An MRI dated 09/30/2013 revealed postsurgical changes in the navicular as noted most likely secondary to posterior tibial tendon repair, mild thickening of the soft tissue around and between the posterior tibia and flexor digitorum tendons. The injured worker's surgical history consists of a repair of the posterior tibial tendon of the left ankle with tendon transfer. Upon examination on 06/26/2014 the injured worker complained of left ankle pain. The injured worker stated her left ankle pain remained painful, which she rated as a 7/10 to 8/10 on a VAS pain scale. It was also noted that the injured worker ambulated with a city block cane. Upon physical examination it was noted that there were no changes from the last visit. The injured worker's prescribed medications were not provided for review. The treatment plan consisted of a postoperative toilet spacer and a postoperative front wheel walker. The rationale for the request was not submitted for review. A Request for Authorization form was submitted for review on 06/30/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative front wheel 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), Ankle and Foot Chapter, Knee and 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, Walking aids (canes, crutches, braces, orthoses, & walkers)

Decision rationale: The request for postoperative front wheel walker is not medically necessary. The Official Disability Guidelines indicate almost half of patients with knee pain possess a walking aid. Disability, pain, and age-related impairments seem to determine the need for a walking aid. Assistive devices for ambulation can reduce pain associated with osteoarthritis. Frames or wheeled walkers are preferable for patients with bilateral disease. In regard to the injured worker, there is no evidence that a surgery had been authorized and ordered to warrant the medical necessity for a front wheel walker. As such, the request for a front wheel walker is not medically necessary.

Post-operative toilet spacer: 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), Ankle and Foot Chapter, Knee and 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, Durable medical equipment

Decision rationale: The request for a postoperative toilet spacer is not medically necessary. The Official Disability Guidelines recommend durable medical equipment generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment. Most bathroom and toilet supplies do not customarily serve a medical purpose and are primarily used for convenience in the home. Medical conditions that result in physical limitations for patients may require patient education and modifications to the home environment for prevention of injury, but environmental modifications are considered not primarily medical in nature. Certain durable medical equipment such as toilet items are medically necessary if the patient is bed or room confined, and devices such as raised toilet seats, commode chairs, sitz baths and portable whirlpools may be medically necessary when prescribed as part of a medical treatment plan for injury, infection or conditions that result in physical limitations. In regard to the injured worker, there is no evidence of the injured worker being bed or room confined. As such, the request for a postoperative toilet spacer is not medically necessary.