

Case Number:	CM15-0146019		
Date Assigned:	08/06/2015	Date of Injury:	08/18/2009
Decision Date:	10/15/2015	UR Denial Date:	07/13/2015
Priority:	Standard	Application Received:	07/27/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, Oregon, Washington
 Certification(s)/Specialty: Orthopedic Surgery

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 55 year old male, who sustained an industrial injury on 8-18-09. The injured worker was diagnosed as being four years post left heel spur excision with re-growth of the posterior calcaneal spurs and mild right posterior calcaneal retrocalcaneal spur. Treatment to date has included left posterior heel surgery, foot orthoses, and physical therapy. Physical examination findings on 6-26-15 included left posterior heel tenderness, induration, and swelling. The injured worker walked with a grossly antalgic gait favoring heel contact and propulsion on the left foot. Currently, the injured worker complains of left foot pain. On 7-8-15, the treating physician requested authorization for an associated surgical service: knee caddy walker x90 days. The treatment plan included left calcaneal spur excision. On 7-13-15, the request was non-certified; the utilization review physician noted, "there is no documentation that other devices are not sufficient for non-weight bearing status."

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated Surgical Service: Knee Caddy Walker (days) QTY: 90: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle section, a rolling knee walker.

Decision rationale: CA MTUS/ACOEM is silent on rolling knee walker. According to ODG, Ankle section, a rolling knee walker is recommended for patients who cannot use crutches, standard walkers or other standard ambulatory assist devices (e.g., a patient with an injured foot who only has use of one arm). In this case, the exam note from 7/8/15 does not demonstrate inability to use a standard crutch or walker. Therefore, the request is not medically necessary and the determination is for non-certification.