

Case Number:	CM15-0170201		
Date Assigned:	09/10/2015	Date of Injury:	08/31/2012
Decision Date:	10/13/2015	UR Denial Date:	08/21/2015
Priority:	Standard	Application Received:	08/28/2015

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

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 female, who sustained an industrial injury on 8/31/2012. The injured worker was diagnosed as having abnormal gait, tibialis tendinitis, Achilles bursitis, disorder of Synovium. The request for authorization is for: DME (durable medical equipment): kneeling trolley. The UR dated 8-21-2015, non-certified the request for DME: kneeling trolley. On 7-8-2015, she reported right Achilles pain. She is noted to be morbidly obese, with an antalgic gait and mild Achilles tendinitis at the musculotendinous junction and moderate Achilles insertional tendinitis. She is reported to be using a CAM boot and crutches. On 8-5-2015, she reported right Achilles pain being better; she is using a CAM boot with mobilelegs crutches. She indicated she continued to have pain on the inside and outside of the ankle. She indicated she had been wearing a compression sock and icing the area. Physical findings revealed a mass or probable scar tissue in the medial leg area, no pain with resisted plantar flexion of the foot or great toe; edema and tenderness present in the lateral leg area, the Achilles tendon is within normal limits, edema noted at the dorsum of the foot with tenderness at the midshaft of metatarsals; the posterior tibial tendon is noted to be within normal limits, tenderness in the plantar fat pad; and the posterior foot is not tender to palpation at the insertion of the Achilles tendon. Special testing revealed: positive impingement at the anterior aspect of the ankle, no pain with calcaneal squeeze maneuver or jack toe maneuver, negative homans sign, no pain with pronation abduction of the foot and piano keying, and the inversion stress test for stability of the calcaneofibular ligament is within normal limits. She is noted to be morbidly obese. The provider noted she has pain and weakness of the peroneals and an antalgic gait. The treatment to date has included: group psychotherapy, medications, ankle surgery, compression socks, ice, mobilelegs crutches, physical therapy, weight bear as tolerated, and a magnetic resonance imaging of the right foot.

IMR ISSUES, DECISIONS AND RATIONALES

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

Kneeling trolley: 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), Treatment in Workers Comp, 20th edition, 2015 Ankle Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle Chapter/Rolling Knee Walker Section.

Decision rationale: The MTUS guidelines do not address the use of a kneeling trolley therefore, alternative guidelines were consulted. Per the ODG, a kneeling trolley 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, there is no documentation that the injured worker is unable to use standard mobility assist devices. The request for kneeling trolley is determined to not be medically necessary.