

Case Number:	CM15-0068272		
Date Assigned:	04/15/2015	Date of Injury:	09/07/2010
Decision Date:	06/11/2015	UR Denial Date:	03/13/2015
Priority:	Standard	Application Received:	04/10/2015

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: Pennsylvania, Ohio, California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 54 year old female, who sustained an industrial injury on 9/7/10. She reported right lower extremity pain and low back pain. The injured worker was diagnosed as having lumbar radiculopathy, limb pain, low back syndrome, muscle spasms, lumbar region sprain, and lumbar vertebral compression fracture. Treatment to date has included lumbar epidural steroid injections and medications. Currently, the injured worker complains of low back pain with intermittent radiation to the lower extremities with numbness and weakness. The injured worker fractured her left ankle after a fall on 1/14/15. The treating physician requested authorization for a walking boot.

IMR ISSUES, DECISIONS AND RATIONALES

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

Walking boot: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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 Aid.

Decision rationale: ODG states that gait aids and walking aids should be prescribed based on patient need. Given this patient's history of an ankle fracture/ORIF and ongoing physical rehabilitation from that injury, a walking boot is supported by the treatment guidelines; this request is medically necessary.