

Case Number:	CM15-0091839		
Date Assigned:	05/18/2015	Date of Injury:	07/24/2013
Decision Date:	06/22/2015	UR Denial Date:	05/07/2015
Priority:	Standard	Application Received:	05/12/2015

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: Illinois, California, Texas
 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 65-year-old male who sustained an industrial injury on 7/24/13. Injury was reported when he overextended his foot while on top of a ladder trying to look into an attic. Conservative treatment had included injections, physical therapy, medication, orthotics, and activity modification. Left foot MRI revealed hallux valgus and degenerative disease of 1st metatarsophalangeal joint and degenerative disease of the 2nd metatarsophalangeal joint. The 4/6/15 treating physician report cited continued left foot painful functionality. He had pain on medial and lateral compression of the foot and with range of motion. He had difficulty toe walking, toe standing, squatting, and crouching. He had continued 2nd toe symptoms. The diagnosis was neuroma 2nd interspace left foot, metatarsalgia of the left foot, particularly the fifth metatarsal, hallux valgus deformity and degenerative joint disease 2st and 2nd metatarsophalangeal joints, and painful gait. The injured worker had failed conservative treatment for almost 2 years. Authorization was requested for neuroma excision of the 2nd interspace of the left foot with metatarsal nerve decompression. The 5/7/15 utilization review certified the request for neuroma excision of the 2nd interspace of the left foot with metatarsal nerve decompression. Associated surgical requests included a request for purchase of crutches for left foot post-operative use. The request for a front wheeled walker for the left foot post-operatively was non-certified as there was no clinical rationale for this durable medical equipment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Front wheel walker for the left foot post-operatively: 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), Foot Chapter, DME.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371-372. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot: Walking aids (canes, crutches, braces, orthoses, & walkers).

Decision rationale: The California MTUS guidelines support the use of crutches for partial weight bearing for patients with ankle complaints. The Official Disability Guidelines state that disability, pain, and age-related impairments determine the need for a walking aid. Assistive devices can reduce pain and allow for functional mobility. The 5/7/15 utilization review certified a request for neuroma excision of the 2nd interspace of the left foot with metatarsal nerve decompression, and the purchase of crutches. The additional purchase request for a front wheeled walker is not supported by guidelines. There is no compelling reason presented to support the medical necessity of an additional ambulatory assistive device for this injured worker. Therefore, this request is not medically necessary.