

<b>Case Number:</b>	CM13-0007654		
<b>Date Assigned:</b>	12/04/2013	<b>Date of Injury:</b>	03/24/2011
<b>Decision Date:</b>	01/29/2014	<b>UR Denial Date:</b>	07/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/06/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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 physician 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 patient is a represented [REDACTED] employee who has filed the claims for chronic knee and ankle pain reportedly associated with an industrial injury of March 24, 2011. Thus far, the patient has been treated with the following: Analgesic medications; unspecified amounts of acupuncture over the life of the claim; attorney representation; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy; and work restrictions. It is not clear whether the applicant's limitations have been accommodated by the employer are not. In a Utilization Review Report of July 25, 2013, the claims administrator reportedly denied a request for a knee scooter rental, noting that the patient is status post ankle surgery on July 23, 2013. The claims administrator states that the applicant could very well have used a manual wheelchair or a cane. The applicant later appealed. An earlier noted of January 14, 2013, is notable for comments that the patient is morbidly obese with a BMI of 36, but is trying to lose weight. In a November 25, 2013, progress note, it is stated that the patient is having significant pain involving the left side, but is able to bear weight on the right side. Sutures/stitches are removed. The patient is given an ankle brace/ankle support. He is placed off of work, on total temporary disability. On November 22, 2013, the patient underwent painful hardware removal about the injured ankle. On October 30, 2013, the patient was using one crutch to ambulate. Multiple notes interspersed throughout mid 2013 are notable for comments that the applicant is using one or both crutches for ambulation purposes immediately before or after knee and ankle surgery. On August 20, 2013, the patient's ankle surgeon asked to him to refrain from using the scooter.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 week rental of a knee scooter:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (Effective July 18, 2009 Page(s): 99.

**Decision rationale:** As noted on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines, power mobility devices such as the proposed scooter are not recommended if the functional mobility deficits can be sufficiently resolved by usage of a cane, walker, or, in this case, crutches. In this case, the applicant was described as being able to rectify the mobility deficits through usage of single or both crutches. Using a scooter was, by definition, superfluous in this context. Therefore, the request is not certified.