

<b>Case Number:</b>	CM13-0009535		
<b>Date Assigned:</b>	03/24/2014	<b>Date of Injury:</b>	06/09/2009
<b>Decision Date:</b>	04/30/2014	<b>UR Denial Date:</b>	07/29/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/09/2013

### 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. The expert 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 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/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 applicant is a former [REDACTED] employee who has filed a claim for chronic foot and ankle pain, bilateral plantar fasciitis, and tarsal tunnel syndrome reportedly associated with cumulative trauma at work, first claimed on June 9, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; multiple prior interventional procedures involving the foot and ankle; corticosteroid injection; orthotics; and extensive periods of time off of work. In a utilization review report of July 29, 2013, the claims administrator denied a request for a scooter, stating that information on an agreed medical evaluation stated that the applicant could stand and walk for up to 30 minutes per hour. The applicant appealed. In a letter dated August 7, 2013, the applicant states that she is having difficulty standing and walking for protracted amounts of time. Her feet are swelling. The applicant is trying to obtain a degree in Business Administration and Management, she states. She uses a motorized scooter at the store, she states, and is unable to shop without it. She has to wait for a scooter to become available, she states. She states that her function has significantly deteriorated since the earlier agreed medical evaluation on January 21, 2013, and that she can no longer stand and walk more than 15 to 20 minutes or more than 50 feet before her foot pain flares up. She states that she is status post shoulder surgery through another workers' compensation claim, also for cumulative trauma and is unable to propel a manual wheelchair. The applicant states that her son is going off to college and will be unavailable and that her husband is also off of work, on disability, owing to back issues and is therefore unable to assist her. Multiple other progress notes interspersed throughout 2014 and 2013 are sparse, handwritten, not entirely legible, and very difficult to follow. In a handwritten February 14, 2014, progress note, the applicant is given a diagnosis of tarsal tunnel syndrome and is described as getting better this time. The applicant's work status is unchanged. The applicant's gait does not appear to be clearly described on earlier visits of January and

February 2014. The applicant did undergo foot and ankle corticosteroid on March 20, 2014, and was described as unchanged as of that point in time. In the October 22, 2013, progress note, the attending provider writes that the applicant is permanent and stationary. It is stated that the applicant would have difficulty standing for more than 3 hours continuously and certainly difficulty standing for more than 6 hours.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **POWER MOBILITY DEVICE (SCOOTER), QTY: 1.00: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Power mobility devices (PMDs)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Power Mobility Devices Topic Page(s): 99.

**Decision rationale:** As noted on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines, power mobility devices such as scooters are not recommended when the mobility deficit can be remediated through a cane, walker, or manual wheelchair. In this case, however, the applicant has seemingly posited that her upper extremity and shoulder issues are such that she does not possess sufficient strength so as to propel the manual wheelchair. The applicant is apparently having intermittent mobility deficits associated with plantar fasciitis and tarsal tunnel syndrome which are apparently preventing her from standing and walking for protracted amounts of time. The information submitted by the applicant on her appeal letter, in short, is sufficient to make a case for the power mobility device (scooter) in question, despite the relative paucity of information submitted by the treating providers. Therefore, the request is certified, on independent medical review.