

Case Number:	CM13-0051305		
Date Assigned:	12/27/2013	Date of Injury:	09/20/2013
Decision Date:	03/11/2014	UR Denial Date:	10/25/2013
Priority:	Standard	Application Received:	11/14/2013

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 Family Practice and is licensed to practice in Texas. 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 58-year-old female who reported an injury on 09/20/2013. The mechanism of injury was noted to be a fall. The physician submitted additional information dated 11/14/2013 which revealed that the patient needed a non-motorized, self-propelled knee scooter as she was supposed to be nonweightbearing for 6 weeks due to the diagnosis of a left Achilles tendon tear. The patient was noted to have a cam walker. The walker and the wheelchair were noted to be previously non-certified. The patient was noted to have continued complaints of left upper extremity pain from the use of the crutches. The request was made for a knee scooter.

IMR ISSUES, DECISIONS AND RATIONALES

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

Scooter for left ankle: 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), Knee & Leg Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg Chapter, DME.

Decision rationale: The Official Disability Guidelines indicate that durable medical equipment is recommended if there is a medical need or if the device and/or system meet Medicare's definition of durable medical equipment. The definition for durable medical equipment includes that it can withstand repeated use, i.e. could normally be rented and used by successive patients; is primarily and customarily used to serve a medical purpose; generally is not useful to a person in the absence of illness or injury; and is appropriate for use in the patient's home. The clinical documentation submitted for review indicated that the patient needed to be non-weight bearing for 6 weeks and had a necessity for a non-motorized knee scooter. The patient was noted to have exceptional factors to include significant arm pain due to crutches. A wheelchair and a walker were both previously denied per the clinical documentation. The physician indicated that the duration of care was noted to be for 6 weeks. The request for a scooter for the left ankle would be supported as it meets Medicare's definition of durable medical equipment. The request as submitted failed to include that it was non-motorized and that it was for use for 6 weeks. Given the above, the request for a scooter for the left ankle is not medically necessary.