

Case Number:	CM14-0009122		
Date Assigned:	02/14/2014	Date of Injury:	05/26/2009
Decision Date:	06/24/2014	UR Denial Date:	01/14/2014
Priority:	Standard	Application Received:	01/23/2014

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 represented [REDACTED] employee who has filed a claim for chronic foot pain, ankle pain, anxiety, and depression reportedly associated with an industrial injury of May 26, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; multiple foot and ankle surgeries; crutches; and a walker. In a Utilization Review Report dated January 13, 2014, the claims administrator denied a request for a power scooter. In an August 9, 2013 office note, the applicant was described as having ongoing issues with foot and lower extremity pain. The applicant was apparently having issues with ambulating. The applicant stated that ongoing usage of crutches had resulted in worsened shoulder pain. The applicant was status post multiple foot and ankle surgeries in 2009 and 2010, it was stated. The applicant was using Percocet and Motrin, it was further noted and had experienced sedation with several opioids, and it was noted. The applicant exhibited limited right shoulder range of motion with associated signs of internal impingement. Left shoulder range of motion was less limited to 160 degrees of flexion. Swelling and tenderness were appreciated about the ankle. The applicant has reportedly gained weight. The applicant was asked to use his walker more often and avoid excessive usage of crutches. The applicant was asked to try and lose weight. The applicant was described as weighing 295 pounds on August 28, 2013. The applicant was again described as having persistent bilateral shoulder complaints as of that point in time and was asked to employ a walker to minimize usage of crutches. On December 13, 2013, however, it was stated that the applicant had recently gained 40 pounds. On December 16, 2013, a scooter was endorsed so that the applicant could avoid continued usage of his shoulders. It was stated that usage of a self-propelled wheelchair will continue to be problematic as this would worsen the applicant's

underlying shoulder issues. The applicant was walking with crutches and exhibited ankle swelling in the clinic.

IMR ISSUES, DECISIONS AND RATIONALES

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

POWER SCOOTER: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, POWER MOBILITY DEVICES (PMDS), 132

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, CHRONIC PAIN, 99

Decision rationale: While page 99 of the Chronic Pain Medical Treatment Guidelines states that provision of power mobility devices are not recommended if the functional mobility deficit in question can be remediated through usage of a manual wheelchair and/or cane, in this case, however, the applicant has apparently tried and failed a manual wheelchair and crutches. The applicant has issues with morbid obesity and right lower extremity pain and swelling which are limiting his ambulation. The applicant has ongoing issues with the shoulders which are preventing usage of a manual wheelchair and/or crutches. Provision of a power scooter, then, is needed to ameliorate the applicant's residual mobility deficits. Therefore, the request is medically necessary.