

Case Number:	CM14-0107387		
Date Assigned:	08/01/2014	Date of Injury:	07/09/2011
Decision Date:	08/29/2014	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	07/10/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 48-year-old with an injury date on 7/9/11. Patient complains of pain in his left lateral fibula, which is worsened by weight bearing per 6/3/14 report. Patient is wearing a cast boot that is mid-calf high but does not reduce severity of pain per 6/3/14 report. Opiate analgesic medications prescribed are no longer sufficiently analgesic per 6/3/14 report. Based on the 6/18/14 progress report provided by [REDACTED] the diagnoses are: 1. ankle/foot enthesopathy. 2. left tibia-fibula fracture. 3. Left fibula unstable fracture. 4. Residual fracture site pain in tibia and fibula. 5. focal multiple mono neuropathies of the sensory nerves of the distal left lower extremity. 6. Impaired sleep from chronic pain. Exam on 6/18/14 showed gait is significantly antalgic and wide based, with slow movement. His balance was impaired due to significant cane. Even with cane he held on to furniture and the doorway. Lower extremity muscle strength is 4/5 on the left, 5/5 on the right. Limited range of motion of left ankle. Left lateral malleolus has significantly tenderness even to 4gm of pressure. [REDACTED] is requesting 1 medical scooter. The utilization review determination being challenged is dated 7/3/14. [REDACTED] is the requesting provider, and he provided treatment reports from 1/6/14 to 7/22/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Medical Scooter: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Power Mobility Devices, pg 99.

Decision rationale: The MTUS Guidelines page 99 on power mobility devices states they are not recommended if the functional mobility deficit can be sufficiently resolved by the prescription of a cane or walker or the patient has sufficient upper extremity function to propel a manual wheelchair, or there is a caregiver who is available, willing, and able to provide assistance with a manual wheelchair. Early exercise, mobilization, and independence should be encouraged at all steps of the injury recovery process, and if there is any mobility with canes or other assistive devices, a motorized scooter is not essential to care. In this case, the patient is able to ambulate with a cane, and does not seem to have inability to push a wheelchair or use front wheel walker. As per MTUS, patient is able to ambulate with another assistive device (a cane) and thus a power mobility device is not medically necessary. Therefore, 1 Medical Scooter is not medically necessary.