

Case Number:	CM14-0014253		
Date Assigned:	02/26/2014	Date of Injury:	02/24/2000
Decision Date:	08/04/2014	UR Denial Date:	01/14/2014
Priority:	Standard	Application Received:	02/04/2014

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:

This is a 60-year-old female with a 2/24/00 date of injury. The 2/24/14 progress report indicates persistent right shoulder pain post arthroplasty. There is also right foot and ankle pain and deformity; with surgery planned for tendon transfer and osteotomy. There is callus build up on the lateral right foot. There is also bilateral knee pain. The physical exam demonstrates callus buildup on the lateral aspect of the right foot plantar surface, a right foot inversion deformity, right foot and ankle weakness. The patient has foot drop on the right side with profound weakness. The 9/2/13 electrodiagnostic studies demonstrate significant involvement of the peroneal nerve innervated muscles. The treatment to date has included laminectomies at L4-5 and L5-S1; right shoulder arthroplasty; and physical therapy at the gym. There is documentation of a previous 1/14/14 adverse determination for lack of certification for an associated surgical request.

IMR ISSUES, DECISIONS AND RATIONALES

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

KNEE SCOOTER: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and Foot Chapter, Rolling knee walker.

Decision rationale: The California MTUS does not address this issue. The ODG recommends a rolling walker for patients who cannot use crutches, standard walkers or other standard ambulatory assist devices. However, there remains no evidence of certification for the proposed ankle surgery. At the present, there is no evidence that the patient would be unable to use crutches, standard walkers or other standard ambulatory assist devices. Therefore, the request for a knee scooter is not medically necessary.