

Case Number:	CM14-0139388		
Date Assigned:	09/05/2014	Date of Injury:	09/23/2010
Decision Date:	10/27/2014	UR Denial Date:	08/13/2014
Priority:	Standard	Application Received:	08/28/2014

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 Emergency Medicine has a subspecialty in Fellowship Trained in Emergency Medical Services 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 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 injured worker is a 51-year-old female with a reported day of injury on 09/23/2010. The diagnoses include status post right heel contusion and complex regional pain syndrome and Achilles tendinitis. The past treatments included pain medication and physical therapy. There was no relevant diagnostic imaging submitted for review. There was no surgical history noted in the records. The subjective complaints on 07/30 included pain in her right foot. The injured worker states that she would like to use a wheelchair, which the physician believes is a good idea. The clinicals also go on to state that as much as the patient would use the wheelchair, an electric wheelchair would be needed, since she would need to use a regular wheelchair so much she is worried about her hand strength. The physical examination noted allodynia and tenderness is still present overlying the lateral heel incision. She is wearing an open back shoe, and the patient still walks with an antalgic gait. There were no medications documented in the records. The treatment plan was to order an electric wheelchair. A request was received for electric scooter purchase status post right heel contusion. The rationale for the request was that the wheelchair would be used so much that an electric scooter would be necessary due to concerns with the injured worker's hand strength. The Request for Authorization form was dated 07/30/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electric scooter - purchase s/p right heel contusion: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Power mobility devices (PMDs) Page(s): 99.

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, Power mobility devices (PMDs)

Decision rationale: The request for electric scooter - purchase s/p right heel contusion is not medically necessary. The Official Disability Guidelines state power mobility devices are not recommended if the functional mobility can be sufficiently resolved by prescription of a cane or walker, or if 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. The patient is status post right heel contusion and has chronic right foot pain. There is no documentation in the notes of decreased functional strength and objective measures. Additionally, there is no documentation of no willing or available caregiver. Furthermore, the injured worker has not tried and failed a traditional manual wheelchair. Given the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.