

Case Number:	CM14-0178497		
Date Assigned:	10/31/2014	Date of Injury:	06/14/2013
Decision Date:	12/08/2014	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	10/28/2014

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 Physical Medicine and Rehabilitation 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 59 year-old patient sustained an injury on 6/14/13 while employed by [REDACTED]. Request(s) under consideration include Purchase of a motorized scooter. Diagnoses include acute plantar fascia superimposed upon chronic fasciosis s/p right ankle arthroscopy (tenosynovectomy and partial synovectomy) on 8/26/14 and s/p right knee arthroscopy with partial medial and lateral meniscectomy, chondroplasty of femoral condyle, partial synovectomy and patelloplasty on 10/29/13. MRI of the right ankle dated 7/22/13 showed anterior talofibular ligament and calcaneal fibular ligament healing tear; no evidence of talar dome osteochondral defect or other fracture. The patient is Panel QME report 2/18/14 and supplemental report of 2/28/14 noted patient with future medical provision for short courses of physical therapy, reiteration of home exercise program, possible injections for the right knee, and anti-inflammatory medications. Report of 8/22/14 prior to surgery noted exam findings of normal gait; normal palpation, stability, muscle strength, tone and ROM in upper and lower extremity; normal sensory and DTRs symmetrical bilaterally. Medications list Hydrocodone/Apap; Diclofenac, Orphenadrine, and Pantoprazole. Report of 9/3/14 from the provider noted the patient with chronic ongoing right foot pain rated at 8/10. Exam was not documented/performed. X-rays obtained of right foot and ankle had no abnormalities; no increase of osteoarthritis. Treatment included physical therapy 12 sessions, walker fracture boot dispensed with patient instructed to put weight bearing as tolerated; and motorized scooter to help with mobility. The request(s) for Purchase of a motorized scooter was non-certified on 10/1/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of a motorized scooter: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Power mobility devices (PMDs)- Scooter Page(s): 100.

Decision rationale: Per MTUS Guidelines regarding power mobility devices such as scooters, 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. The patient is s/p ankle arthrotomy; however, prior to surgery, exam indicated intact neurological findings of the upper and lower extremities with normal gait. Current report submitted allow for patient to be weight bearing with walker boot. Submitted reports are without clear neurological deficits. There is no physical therapy report identifying any ADL limitations or physical conditions requiring a motorized scooter nor is there any failed trial of other non-motorized walking aide. The criteria for the power mobility device have not been met from the submitted reports. There are no documented clinical motor or neurological deficits of the upper extremities to contradict the use of the cane preventing the patient from sufficiently using as a walking aide. The Purchase of a motorized scooter is not medically necessary and appropriate.