MAXIMUS Federal Services

Case Number:	CM14-0020763		
Date Assigned:	05/02/2014	Date of Injury:	02/25/2013
Decision Date:	08/04/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	02/19/2014

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 Anesthesiology, has a subspecialty in Pain Management 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 55-year-old female who has submitted a claim for right ankle foot sprain/strain status post right ankle fusion associated with an industrial injury date of 02/25/2013.Medical records from 05/06/2013 to 01/30/2014 were reviewed and showed that patient complained of right ankle pain (grade not specified) which was aggravated with prolonged walking and standing. Physical examination of the right ankle revealed a normal gait and well-healed incisions over the right ankle. There was tenderness to palpation of the lateral aspect of the ankle. The ROM was restricted in all planes of motion. MMT, DTR, and sensation to light touch were intact on all extremities. X-ray of the right ankle dated 07/11/2013 revealed consolidating right ankle fusion. Treatment to date has included ankle fusion (06/04/2013), orthopedic boot, physical therapy, home exercise program, and pain medications. Utilization review, dated 02/13/2014, denied the request for a motorized scooter because it was not medically necessary based on the presented records.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE MOTORIZED SCOOTER: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Power mobility devices (PMDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Power Mobility Devices Page(s): 99.

Decision rationale: Page 99 of the CA MTUS Chronic Pain Medical Treatment Guidelines state that power mobility devices (PMDs) 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. If there is any mobility with canes or other assistive devices, a motorized scooter is not essential to care. In this case, the patient was noted to be using a motorized scooter based on the medical records (11/07/2013). However, objective findings revealed that the patient can ambulate and functional mobility deficits can be resolved with canes or other assistive device. It is unclear as to why a motorized scooter was requested. Therefore, the request for one motorized scooter is not medically necessary.