MAXIMUS Federal Services

Case Number:	CM14-0080874		
Date Assigned:	07/18/2014	Date of Injury:	09/23/2010
Decision Date:	08/25/2014	UR Denial Date:	05/14/2014
Priority:	Standard	Application Received:	06/02/2014

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 Family Medicine and is licensed to practice in North Carolina. 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 51-year-old with a reported date of injury of 09/23/2010. The patient has the diagnoses of right heel contusion with complex regional pain syndrome and Achilles tendonitis. Previous treatment modalities have included surgery in 2011. Progress reports form the primary treating physician dated 06/11/2014 indicates the patient has complaints of right lower extremity pain, hypersensitivity, temperature changes and burning. Medications prescribed are noted in being helpful to reduce some of the patient's symptoms. Physical exam is noted to have " no significant change". Treatment plan consisted of continuation of medication and waiting on independent review for a motorized scooter. Progress notes form the primary treating physician dated 04/16/2014 an antalgic gait that makes ambulation very difficult. The patient reported not being able to walk more than 20 yards without significant pain. The motorized scooter was recommended by the primary treating physician to assist with ambulation and help the patient run errands and complete chores independently.

IMR ISSUES, DECISIONS AND RATIONALES

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

Motorized scooter and scooter hitch for purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG; Ankle & Foot (acute & chronic); power mobility devices.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines complex regional pain syndrome Page(s): 35-51.

Decision rationale: The California MTUS chronic pain medical treatment guidelines do not specifically address motorized scooters in the treatment of complex regional pain syndrome. The goal of treatment is to improve function. The ODG does not recommend a motorized devices if the patient has sufficient upper extremity function to propel a manual wheelchair. There is no indication from the medical records that the patient lacks the upper extremity strength or function necessary to operate a manual wheel chair. Therefore, the request for motorized scooter and scooter hitch for purchase is not medically necessary and appropriate.