

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0089429 | | |
| Date Assigned: | 07/23/2014 | Date of Injury: | 07/08/2011 |
| Decision Date: | 09/17/2014 | UR Denial Date: | 06/02/2014 |
| Priority: | Standard | Application Received: | 06/13/2014 |

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:

The patient is 47-year-old female who was injured on 07/08/2011 from a cumulative trauma from standing. Prior treatment history has included [REDACTED], TENS unit with benefit and aqua therapy. Progress report dated 05/08/2014 documented the patient to have complaints of pain in the right foot rated as 6/10 that is sharp and achy pain with slight numbness and tingling. Her left foot pain is 5/10 with similar symptoms but to a lesser degree. She stated that she felt her pain was getting worse. On exam, she has extremely antalgic gait. She shuffled as she walks and wore orthopedic shoes with orthotics. Range of motion is limited. It is noted that the patient has flat feet. Range of motion of the bilateral ankles revealed dorsiflexion is 5/15 degrees; plantar flexion is 20/40 degrees; inversion is 10/30; and eversion is 10/20 degrees. Diagnoses are intermetatarsal bursitis, second, third, fourth on the left foot; first second and third on the right foot; Metatarsal phalangeal osteoarthritis, bilateral feet; and plantar fasciitis of bilateral feet. She was recommended a scooter as she is getting to the point where she cannot walk. Prior utilization review dated 06/02/2014 states the request for DME Scooter is denied as medical necessity has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME-Scooter: Upheld

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

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

Decision rationale: This is a request for a scooter for a 47-year-old female with chronic bilateral foot pain secondary to bursitis, osteoarthritis, and plantar fasciitis. However, MTUS guidelines do not recommend power mobility devices if the functional mobility deficit can be sufficiently resolved by a cane or walker, or the patient has sufficient upper extremity strength to power a manual wheelchair. Records do not establish the patient lacks sufficient upper extremity strength to use a walker or manual wheelchair. Medical necessity is not established.