

Case Number:	CM14-0099174		
Date Assigned:	07/28/2014	Date of Injury:	11/20/1980
Decision Date:	09/11/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/27/2014

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 & Rehabilitation, has a subspecialty in Interventional Spine 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 62-year-old male with a date of injury of 11/20/1980. The listed diagnoses per [REDACTED] are severe posttraumatic arthritis of left ankle and left knee and Trochanteric bursitis of right hip. According to progress report on 05/17/2014, the patient presents with progressive left ankle pain and limitation of function. The patient has limited ambulation which causes marked increase in symptoms. Patient's treatment history includes modification of activities, medication, single prong cane, cam boot brace, and multiple injections to the left ankle. The physician indicates despite conservative measures, the patient reports progressive severe pain and limitation of function. He is scheduled for undergo left ankle surgery next month in [REDACTED]. The examination of the left knee revealed tenderness and crepitation at the patellofemoral, medial, and lateral joint line. There is limitation of full extension and full flexion and mild joint effusion. The request for authorization from 05/20/2014 requests knee scooter roller aide. The utilization review denied the request on 05/29/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Knee Scooter roller aide: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Ankle and Foot (acute and chronic).

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

Decision rationale: This patient presents with progressive left ankle pain and limitation of function. The physician indicates the patient is to undergo left ankle surgery next month in [REDACTED]. He is requesting a one knee scooter Roller Aide. Power Mobility Devices under MTUS page 99 indicates, 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. In this case, it appears the physician is requesting a scooter for post-operative use. However, it is not made clear as to why this patient would be unable to utilize a walker or cane for support. Furthermore, the patient's upper extremity appears to have no issues giving consideration for a manual wheelchair if needed. Therefore the request is not medically necessary.