

<b>Case Number:</b>	CM14-0033709		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	10/24/2008
<b>Decision Date:</b>	01/27/2015	<b>UR Denial Date:</b>	03/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/18/2014

### 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 Practice 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 60 year old male nurse, Chiropractor and Respiratory Therapist, with an injury date of 10/24/2008. The patient was responding to a code and was running down some stairs and went to turn a corner on the landing and his right ankle gave out resulting in a fall and pain in the ankle. 5/26/2009 the patient underwent an arthroscopic debridement of the right ankle joint, a microfracture technique of the talar dome, and removal of a small loose body and subsequent right total ankle replacement (08/01/2012). Treatment has included casting, crutches, walker, wheelchair, physical therapy, rest and home exercises. The patient also has complains of low back pain since the surgery (treated with medial branch blocks), limping, pain, depression, alcohol and psychiatric issues. The patient has difficulties with weight bearing on the right side, uses a wheelchair and cane, shower chair and drives using his left foot. Utilization Review dated 03/11/2014, denied the requested mobile scooter and tailgate lift as not medically necessary per Official Disability Guidelines, Ankle Foot Orthosis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Mobile Scooter:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**Decision rationale:** CA MTUS guidelines state that a power mobility device is not indicated if the functional mobility deficit can be resolved the prescription of a cane or walker, or if the claimant has sufficient upper extremity function to propel a manual wheelchair or if there is a caregiver who is available, willing and able to assist with a manual wheelchair. A motorized scooter is not essential to care if any of these conditions are met. In this case, there is no evidence to suggest that the claimant lacks sufficient upper extremity function to propel a manual wheelchair. A motorized scooter is not medically indicated.

**Tailgate lift:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 99.

**Decision rationale:** CA MTUS guidelines state that a power mobility device is not indicated if the functional mobility deficit can be resolved the prescription of a cane or walker, or if the claimant has sufficient upper extremity function to propel a manual wheelchair or if there is a caregiver who is available, willing and able to assist with a manual wheelchair. A motorized scooter is not essential to care if any of these conditions are met. In this case, there is no evidence to suggest that the claimant lacks sufficient upper extremity function to propel a manual wheelchair. A motorized scooter is not medically indicated. A tailgate lift was requested for use with a motorized scooter. There is no evidence in this case to support use of a motorized scooter and therefore no medical indication for a tailgate lift.