

Case Number:	CM15-0101871		
Date Assigned:	06/04/2015	Date of Injury:	12/02/2011
Decision Date:	07/07/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	05/27/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 injured worker is a 55 year old female who sustained a work related injury December 2, 2011, when an electric wheelchair ran over her foot and ankle. She also developed low back pain. She was treated with medication and a CAM walking boot. Past history included plantar fasciitis both feet with surgery, hypertension, and depression. According to a physician's notes, dated February 10, 2015, the injured worker presented for constant pain to the left of her ankle, travels to her toe and knee and described as sharp, achy, pressure, burning, and cramping. She apparently had nerve damage attributed to earlier surgery which resulted in contracture of the left foot. She uses a walker to ambulate and walks on the side of her foot. Orthopedic examination revealed obvious contractures of the left foot, it is inverted and plantar flexed. There is diffuse palpable tenderness throughout the area and she uses a short leg walking boot. Diagnoses are peroneal nerve damage and contracture of the left foot and reactive depression, related to her foot injury. At issue, is a request for an electric scooter.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Electric scooter: Upheld

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

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

Decision rationale: Per the MTUS Guidelines, the use of 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. 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. The available documentation does not reveal objective evidence of significant functional deficits that would require the use of an electric scooter. The injured worker has a home health aide that could assist her with a wheelchair if needed, therefore, the request for 1 electric scooter is not medically necessary.