MAXIMUS Federal Services

Case Number:	CM15-0135171		
Date Assigned:	07/23/2015	Date of Injury:	05/26/2015
Decision Date:	08/26/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	07/13/2015

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: Physical Medicine & Rehabilitation

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 28 year old male who sustained an industrial injury on 5/26/15. He had complaints of bilateral foot pain. He could not bear weight and required surgical intervention on both legs. He was diagnosed with left distal fibular fracture and right ankle fracture involving the talus. Office visit report dated 6/11/15 reports foot fracture on both sides. He has bilateral foot pain constant aching and is aggravated by movement. Diagnosis: acute pain due to trauma. Plan of care includes: x-rays right foot done today, schedule for surgery right talus, discussed thoroughly pre and post op instructions, post op prescriptions were also reviewed. Return next Wednesday for surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Motorized scooter: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), pain chapter PMDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Power mobility devices (PMDs) Page(s): 99.

Decision rationale: This patient sustained left distal fibular fracture and right ankle fracture involving the talus on 05/26/15. The request is for a Motorized scooter. Treatment to date has includes medication, surgery and OT evaluation. The patient is to refrain from work duty for 2-3 months. MTUS Chronic Pain Medical Treatment Guidelines, page 99, under Power mobility devices (PMDs) states "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." According to progress report 06/11/15, the patient had external fixators for both legs following a fall on 05/26/15. He has bilateral foot pain with constant aching which is aggravated by movement. The patient is set for additional surgery next Wednesday for removal of external fixator, ORIF of the larger malleolus. Recommendation is for a motorized scooter. OT evaluation report dated 05/29/15 states no OT can be done at this point except for adapt. equip recommendations. Recommendation was made for standard width wheelchair and training for patient and family to use adaptive equipment. The patient is pending surgery for both legs; however no physical findings of significant neurological deficit or lack of motor strength in the upper extremity that would prevent this patient from using a manual wheelchair. There is no discussion of a lack of caregiver assistance, either. MTUS does not support the issuance of motorized scooter/ wheelchair in patients with sufficient upper extremity function to propel a standard wheelchair. The requested motorized wheelchair cannot be substantiated. The request is not medically necessary.