

Case Number:	CM15-0145872		
Date Assigned:	08/06/2015	Date of Injury:	11/14/2007
Decision Date:	09/09/2015	UR Denial Date:	07/17/2015
Priority:	Standard	Application Received:	07/27/2015

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 47 year old male who sustained an industrial injury on 11-14-2007. Mechanism of injury was an open wound of his right foot from stepping on a nail. Diagnoses include status post toe and nail wounds with subsequent gangrene and post-operative complex regional pain disorder as well as phantom pain after those amputations, right tarsal tunnel syndrome, bilateral brachial plexus syndrome, status post axillary crutches, and chronic pain syndrome. Comorbidities include diabetes, and peripheral neuropathy. Treatment to date has included diagnostic studies, medications, status post trans metatarsal amputation of the right foot, and fourth and fifth digital amputation of the left foot, right foot debridement with dissection of the cuboid bone eminences "right foot closure", amputation of the third digit of the left foot, left foot second metatarsal head resection, left foot second digit partial phalangectomy, and left foot wound debridement and application of a wound VAC. He has had foot injections, and physical therapy. Current medications include Norco, OxyContin, Anaprox, Soma, Xanax and Prilosec. The injured worker is not working. A physician progress note dated 06-30-2015 documents the injured worker has right foot and right lower limb hot, scalding, sharp, stabbing pain with stiffness weakness, numbness, paresthesia, and generalized discomfort. His right lower limb is swollen and has become inflamed since his last visit. He has reduced sensation and strength in the right foot and ankles areas. He has ulcers on his second and fourth toes on the right foot and on the sole of the left foot with secondary left foot inflammation and now right lower limb inflammation present in that area. He has right hip-foot syndrome with dystrophic right foot. He has signs and symptoms of diabetic neuropathy and also of general peripheral neuropathy. He

has reduced strength in the distribution of the right posterior tibial nerve at or distal to the right ankle and in the distribution of the lower trunks of the right brachial plexus. Treatment requested is for purchase of electric scooter.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of electric 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), Chapter: Angle and Foot (Acute and Chronic).

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. In this case, there is no evidence of functional deficits that would preclude the use of a manual wheelchair or cane. The request for purchase of electric scooter is determined to not be medically necessary.