

<b>Case Number:</b>	CM15-0192609		
<b>Date Assigned:</b>	10/06/2015	<b>Date of Injury:</b>	08/01/2011
<b>Decision Date:</b>	11/16/2015	<b>UR Denial Date:</b>	09/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2015

### 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: Emergency 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 56 year old female, who sustained an industrial-work injury on 8-1-11. A review of the medical records indicates that the injured worker is undergoing treatment for left ankle sprain, left ankle instability, left ankle osteochondral fracture, left ankle traumatic arthropathy, left ankle ligament tear and chronic pain. Treatment to date has included pain medication, diagnostics, left shoulder arthroscopy 3-11-15, physical therapy at least 17 sessions, immobilization, injections, and other modalities. Magnetic resonance imaging (MRI) of the left ankle dated 8-8-15 reveals mild tibiotalar joint effusion, thickening of the medial cord of the plantar fascia and tenosynovitis and small fluid collection or ganglion. The physician indicates that the X-ray of the lefty ankle reveals a calcific deposit along the medial aspect of the talus just distal to the medial malleolus. Medical records dated 6-18-15 indicate that the injured worker complains of numbness in the dorsal aspect of the foot with achiness in her dorsal midfoot and medial ankle. The sensation is decreased to light touch in the dorsum of the foot and the first dorsal was placed. She is hypersensitive over the dorsal mid foot. There is tenderness to palpation in the anteromedial ankle and non-tender around the tarsal tunnel. The medical records also indicate worsening of the activities of daily living due to ankle pain. Per the treating physician report dated 4-16-15 the injured worker has not returned to work. The physical exam dated 6-18-15 reveals positive anterior drawer sign on the left versus right, positive Tinel sign over the deep peroneal nerve at the midfoot and the superficial peroneal nerve at the proximal lateral ankle. The requested service included a Knee scooter. The original Utilization review dated 9-2-15 non-certified the request for a Knee scooter.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Knee 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 Ankle and Foot, Motorized scooters.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Walking aids (canes, crutches, braces, orthoses, & walkers).

**Decision rationale:** The requested Knee scooter, is not medically necessary. CA MTUS is silent on this issue. Official Disability Guidelines (ODG): Knee, Walking aids (canes, crutches, braces, orthoses, & walkers) note that these devices are recommended with evidence of significant knee osteoarthritis, knee joint instability of other demonstrated ambulatory dysfunction. The injured worker has numbness in the dorsal aspect of the foot with achiness in her dorsal midfoot and medial ankle. The sensation is decreased to light touch in the dorsum of the foot and the first dorsal was placed. She is hypersensitive over the dorsal mid foot. There is tenderness to palpation in the anteromedial ankle and non-tender around the tarsal tunnel. The medical records also indicate worsening of the activities of daily living due to ankle pain. Per the treating physician, report dated 4-16-15 the injured worker has not returned to work. The physical exam dated 6-18-15 reveals positive anterior drawer sign on the left versus right, positive Tinel sign over the deep peroneal nerve at the midfoot and the superficial peroneal nerve at the proximal lateral ankle. The treating physician has not documented evidence of the above-referenced criteria. The criteria noted above not having been met, Knee scooter is not medically necessary.