

<b>Case Number:</b>	CM15-0193137		
<b>Date Assigned:</b>	10/07/2015	<b>Date of Injury:</b>	07/17/2012
<b>Decision Date:</b>	11/18/2015	<b>UR Denial Date:</b>	09/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2015

### 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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

### 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 42 year old female, who sustained an industrial injury on 07-17-2012. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for left ankle injury resulting in left ankle contracture, left hand pain with severe contracture, neuropathy, complex regional pain syndrome, post-traumatic migraine headaches, inflammatory bowel disease, urinary and bowel incontinence, constipation, anxiety and depression. Medical records (04-06-2015 to 07-21-2015) indicate ongoing left foot pain. Pain levels were not rated on a visual analog scale (VAS), but were described as aching, burning and sharp. Records also indicate no changes in activity level or level of functioning. Per the treating physician's progress report (PR), the IW has not returned to work as she is totally disabled. The physical exam, dated 06-19-2015, revealed restricted range of motion in the right upper extremity with a positive carpal tunnel compression test, positive Phalen's test, and positive Tinel's sign. Relevant treatments have included; left ankle surgery, physical therapy (PT), stellate ganglion blocks, ketamine therapy, spinal cord stimulator placement, work restrictions, and pain medications. The request for authorization (07-21-2015) shows that the following service and equipment were requested: motorized scooter, and transportation to and from appointments. The original utilization review (09-30-2015) non-certified the request for motorized scooter, and transportation to and from appointments.

### 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:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Physical Examination, and Ankle and Foot Complaints 2004, Section(s): Summary, and Chronic Pain Medical Treatment 2009, Section(s): Power mobility devices (PMDs). Decision based on Non-MTUS Citation <http://www.aetna.com/cpb/data/cpba027>.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Power mobility devices (PMDs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee; Powered Mobility Devices.

**Decision rationale:** The chronic pain guidelines state the following regarding motorized wheel chairs: "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." Additionally, ODG comments on motorized wheelchairs and says the following: "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. (CMS, 2006) 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." From the medical notes, it is clear that she is able to ambulate. Therefore, the request for a motorized scooter is not medically necessary.

**Transportation to/from appointments:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, and Ankle and Foot Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Transportation (to and from appointments).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Transportation to and from medical appointment.

**Decision rationale:** MTUS does not address transportation, so alternate guidelines were utilized. ODG states regarding transportation: "Recommended for medically-necessary transportation to appointments in the same community for patients with disabilities preventing them from self-transport. (CMS, 2009)" The treating physician has not provided evidence of significant functional deficits on physical exam that would prevent the patient from utilizing public transportation. In addition, the treating physician did not provide evidence that the patient does not have family members to assist or an adapted vehicle for self-transport. The treating physician does not provide enough information to satisfy guidelines. As such, the request for Transportation to and from appointments is not medically necessary at this time.