

<b>Case Number:</b>	CM15-0203418		
<b>Date Assigned:</b>	10/20/2015	<b>Date of Injury:</b>	05/20/2015
<b>Decision Date:</b>	12/03/2015	<b>UR Denial Date:</b>	09/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2015

### 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 55 year old female who sustained an industrial injury on 5-20-2015. A review of medical records indicates the injured worker is being treated for right ankle medial talar dome lesion and bone fracture fragment in medial gutter per MRI, status post high right ankle sprain-diastasis resulting in syndesmotic injury to the anterior ligament per MRI and bony distal tibia and fibula changes per x-ray, and probable preexisting radiographic arthritic changes on the right mid foot joints. Medical records dated 9-4-2015 noted pain to the ankle rated a 7-8 out of 10. Pain was worse with weight bearing and ankle throbbing at night. She has medial greater than lateral ankle pain with tingling to the toes and burning and tingling over the medial ankle. Physical examination noted the right ankle was swollen. There was tenderness over the anterior ankle. Range of motion was unable to be evaluated due to painful splinting. Treatment has included ice, NSAIDS, a stirrup ankle brace, and surgical shoe. Utilization review form dated 9-14-2015 noncertified purchase of a knee scooter.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Purchase knee scooter:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Knee Complaints 2004.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Foot and Ankle Chapter, under Walking aids.

**Decision rationale:** The current request is for PURCHASE KNEE SCOOTER. Treatment has included ice, medications, ankle brace, and physical therapy. The patient may return to work with restrictions. The ODG-TWC guidelines, Foot and Ankle Chapter, under Walking aids (canes, crutches, braces, orthoses, & walkers) states: "Recommended for patients with conditions causing impaired ambulation, when there is a potential for ambulation with these devices. See the Knee Chapter." Per report 09/004/15, the patient noted ankle pain rated as 7-8 out of 10. Pain was worse with weight bearing. She has medial greater than lateral ankle pain with tingling to the toes and burning sensation over the medial ankle. Physical examination noted that the right ankle was swollen, and there was tenderness over the anterior ankle. Range of motion was unable to be evaluated due to pain. The treater has recommended an ankle arthroscopy, and a knee scooter due to her size. The patient is apparently planning on undergoing a surgical procedure for the right ankle, and the request is for a knee scooter following the procedure. It appears reasonable that the patient might have impaired ambulation immediately following the ankle surgery, and would likely benefit with the assistance of a knee scooter. The request appears to be in accordance with ODG guidelines. The request for post surgical use of a knee scooter IS medically necessary.