

<b>Case Number:</b>	CM15-0205593		
<b>Date Assigned:</b>	10/22/2015	<b>Date of Injury:</b>	08/05/2013
<b>Decision Date:</b>	12/04/2015	<b>UR Denial Date:</b>	10/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/20/2015

### 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: New Jersey

Certification(s)/Specialty: Family Practice

### 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 46 year old, male who sustained a work related injury on 8-5-13. A review of the medical records shows he is being treated for right ankle and foot pain. In the Orthopedic Consultation notes dated 8-24-15 and progress notes dated 9-25-15, the injured worker reports right foot and ankle pain. He reports the pain travels from right knee to the right ankle. He rates his pain a 7 out of 10. He reports numbness, stiffness, tingling and weakness in the right foot and ankle. He rates his "improvement" at 70%. On physical exam dated 9-25-15, no physical findings are noted. Treatments have included cortisone injection into right ankle, medications and right ankle surgery on 8-20-13. Current medications include Tramadol, Voltaren XR and Protonix. He is not working. The treatment plan includes medication prescriptions and was dispensed a compound topical cream. In the Utilization Review dated 10-7-15, the requested treatment of a Roll-A-Bout scooter is not medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Roll-A-Bout Scooter:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Power mobility devices (PMDs).

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

**Decision rationale:** The MTUS does not address the use of walking aids such as walkers/scooters. The ODG, however, states that they are generally recommended based on the degree of disability, pain, and age-related impairments. Nonuse of these aids leads to less need, less negative outcome, and less negative evaluation of the walking aid. However, a walker may be considered for those with bilateral leg disease/disability, but not for unilateral leg disease/disability. The scooter may be more appropriate for unilateral leg disability. In the case of this worker, there was evidence found in the notes made available for review for the worker being able to ambulate without assistance. Subjective reports some difficulty with walking up stairs, but is able to perform this task, and physical findings show normal gait and ability to walk on heels and toes. Therefore, it appears that a walker/scooter is not medically necessary, based on the evidence provided for review.