MAXIMUS Federal Services

Case Number:	CM15-0207828		
Date Assigned:	10/26/2015	Date of Injury:	07/17/2015
Decision Date:	12/08/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	10/22/2015

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: Ohio, West Virginia
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Medical Toxicology

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 31 year old male who sustained an industrial injury on 7-17-15. A review of the medical records indicates that the worker is undergoing treatment for a fractured left foot, sprained ankle, and compensatory complaints on the upper extremities. Subjective complaints (9-21-15) include he is still having a problem with standing and walking, is able to stand for a minute or two and limps. It is reported that he stopped using crutches because it was bothering his upper extremities, he is working, pushing a wheelchair and is now having a problem with his hands. Complaints (9-5-15) are reported as continued pain and swelling, difficulty walking, has to rely on crutches, has throbbing pain, "depressed and nothing helps", hands and back hurt, and pain is worse with activity. Objective findings (9-21-15) include a worn CAM walker, pain on the lateral aspect of the foot, suspected 5th metatarsal fracture and sprained ankle, restricted motion and swelling, and is able to walk one or two blocks. Work status noted is to stay on modified duties and that he is working. Previous treatment include a CAM walker, wheelchair, and crutches. The treatment plan includes a new CAM walker as the one he has is 2 months old, an electric scooter, and MRI of the left foot and ankle and updated x-rays. The requested treatment of an electric scooter was non-certified on 9-22-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

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) Ankle & Foot (updated 6/22/15) Motorized scooters, Power mobility devices (PMDs).

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) Foot and ankle; Powered Mobility Devices.

Decision rationale: The chronic pain guidelines state the following regarding Powered Mobility Devices: "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." Similarly, ODG comments on Powered Mobility Devices 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." The available medical record notes complaints involving grasping and fine motor but objective examinations do not describe loss of upper extremity ability. Further, while the treating physician does document "compensatory upper extremity" complaints there is no objective data or imaging provided regarding these complaints. As there is no medical documentation provided that the patient does not have sufficient upper extremity strength to propel a manual wheelchair or that there is no caregiver available, the request for a Electric scooter is deemed not medically necessary.