

Case Number:	CM15-0021543		
Date Assigned:	04/15/2015	Date of Injury:	09/19/1983
Decision Date:	05/19/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	02/04/2015

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 (IW) is a 55-year-old male who sustained an industrial injury on 09/19/1983. Diagnoses include arthritis of the left ankle. Treatment to date has included medications, arthroscopic surgery, physical therapy and ankle joint replacement. Diagnostics performed to date included x-rays and MRIs. According to the progress notes dated 1/14/15, the IW reported minimal left ankle pain and stated he had not needed pain medication recently. His sutures were removed and a short leg-walking boot was applied. A request was made for one knee scooter ([REDACTED]).

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Knee Scooter ([REDACTED]): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Foot and Ankle Chapter online, under walking aids (canes, crutches, braces, orthoses, & walkers).

Decision rationale: Based on the 12/29/14 report, the patient returns for a follow up of his left ankle replacement. The request is for 1 KNEE SCOOTER ([REDACTED]). The patient is status post left ankle replacement, per operative report 12/16/14. The RFA provided is dated 12/30/14 and the patient's date of injury is 09/19/83. The diagnoses include arthritis of the left ankle. Upon physical examination, the provider reports the wound is sealed but not completely healed with moderate swelling. The patient is temporarily very disabled. MTUS did not mention knee scooters, so ODG-TWC guidelines were consulted. The ODG-TWC guidelines, Foot and Ankle Chapter online, 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 12/29/14 report, the provider requests for a knee scooter and states, "he does have some mild decreased numbness diffusely about the foot but not in any 1 specific area." The request for the knee scooter appears reasonable and in direct accordance with ODG guidelines, given the patient is status post-left ankle replacement with impaired ambulation. The request for post surgical use of a knee scooter IS medically necessary.