

<b>Case Number:</b>	CM15-0030830		
<b>Date Assigned:</b>	02/24/2015	<b>Date of Injury:</b>	07/01/2010
<b>Decision Date:</b>	04/02/2015	<b>UR Denial Date:</b>	02/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/19/2015

### 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: Colorado

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:

This 54 year old man sustained an industrial injury on 7/1/2010. The mechanism of injury is described as a crush injury. Current diagnoses include pain in joint, ankle and foot. Treatment has included multiple surgeries, oral medications and physical therapy. Physician notes dated 2/3/2015 show complaints of backache and left foot pain rated 6/10 with medications an 8/10 without medications. Recommendations include a scooter for long distance travel and a rolling walker. On 2/13/2015, Utilization Review evaluated a prescription for a scooter, which was submitted on 2/13/2015. The MTUS, ACOEM Guidelines, (or ODG) were cited. The request was denied and subsequently appealed to Independent Medical Review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**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 (Acute & Chronic), (updated 12/22/2014).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Treatments Page(s): 99.

**Decision rationale:** Per the Guidelines, power mobility devices (PMD), such as "scooter," are not recommended if patient's functionality can be improved/resolved with a cane or walker. Furthermore, if the patient has enough upper body strength to utilize a manual wheelchair or a caregiver able to help with the use of a manual wheelchair, PMD would also not be recommended, per the Guidelines. It is always preferable to maintain independence and function with early exercise and continued mobility throughout the recovery process after injury. Therefore, if mobility can be accomplished with cane/walker or manual wheelchair, then PMD, including a motorized scooter, would not be necessary for patient improvement. For the patient of concern, the records indicate patient has a manual wheelchair and is capable of walking, albeit with difficulty. Furthermore, a walker has been approved for patient use. With evidence that patient can walk and can use manual wheelchair and with the planned use of a walker to aid mobility, the patient does not meet criteria for power mobility device. The request for scooter is not medically indicated.