

<b>Case Number:</b>	CM15-0034018		
<b>Date Assigned:</b>	02/27/2015	<b>Date of Injury:</b>	07/01/2010
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	02/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/23/2015

### 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 54 year old male with an industrial injury dated 07/01/2010. His diagnoses include left foot pain and pain in joint lower leg. No recent diagnostic testing was submitted or discussed. Previous treatments have included conservative measures, medications, physical therapy, and left foot surgery (04/2013). In a progress note dated 02/03/2015, the treating physician reports lower backache and left foot pain with a pain rating of 6/10 with medications and 8/10 without medications, and poor sleep. The objective examination revealed restricted and painful range of motion of the left foot, tenderness to palpation of the left foot, decreased sensation in the left foot and limited motor strength due to pain. The treating physician is requesting a scooter which was denied/modified by the utilization review. On 02/13/2015, Utilization Review non-certified/modified a request for scooter, noting that the injured worker is using a manual wheelchair and a rolling walker has been authorized, and that there was insufficient information or discussion as to why these mobility devices are not sufficient to meet the injured worker's mobility needs. The ODG guidelines were cited. On 02/23/2015, the injured worker submitted an application for IMR for review of scooter.

### 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:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines power mobility devices Page(s): 99. Decision based on Non-MTUS Citation Official disability guidelines Foot and Ankle Chapter online, under Walking aids (canes, crutches, braces, orthoses, & walkers).

**Decision rationale:** Per the 02/03/15 report the patient presents with lower back pain and left foot pain s/p left foot surgery April 2013. The treater states the patient is being considered for foot surgery. His listed diagnoses are: Foot pain left and Pain in Joint Lower Leg. The current request is for SCOOTER. The RFA included is dated 02/10/15. The patient is not currently working. MTUS does not specifically address "Scooters", but does discuss Power Mobility Devices. The ODG 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. The MTUS, page 99, regarding power mobility devices states, "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." The treating physician states this request is for, "long distance travel around his home, for going to the grocery store etc. Pt. is aware he must walk for short distance trips." Examination reveals that left foot range of motion is restricted and the patient has a slowed, stooped gait assisted by a walker. There is clinical evidence that the patient's left foot condition impairs ambulation. Guidelines, allow walking aids when there is a potential to aid ambulation. However, this request does not discuss the type of Scooter requested. If a motorized unit is requested no evidence is provided that the patient has insufficient upper extremity function for a manual device or if there is an available willing caregiver. Furthermore, the MTUS guidelines state if there is mobility with other assistive devices, a motorized scooter is not essential to care. The reports show the patient is using a walker and the utilization review cites use of a wheelchair. In this case, the request IS NOT medically necessary.