

Case Number:	CM15-0060850		
Date Assigned:	04/07/2015	Date of Injury:	04/21/2014
Decision Date:	05/06/2015	UR Denial Date:	03/23/2015
Priority:	Standard	Application Received:	03/31/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

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(n) 35 year old female, who sustained an industrial injury on 4/21/14. She reported pain in her right ankle related to a twisting injury. The injured worker was diagnosed as having right ankle sprain, acute capsulitis and peroneal tendinitis. Treatment to date has included a right ankle x-ray, physical therapy and pain medications. On 3/13/15, the injured worker had right foot surgery. As of the PR2 dated 3/18/15, the injured worker reports being unable to use crutches for long periods of time and feels unstable when using them. The treating physician noted tenderness to palpation of the right lateral ankle and painful range of motion. The treating physician requested a 1-month rental of a knee scooter.

IMR ISSUES, DECISIONS AND RATIONALES

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

Rental of knee scooter x 1 month: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Power mobility devices (PMDs) Page(s): 99. Decision based on Non-MTUS Citation Official

Disability Guidelines (ODG) Knee- Power mobility devices (PMDs) and Walking aids (canes, crutches, braces, orthoses, & walkers).

Decision rationale: Rental of knee scooter x 1 month is not medically necessary per the MTUS Guidelines and the ODG. Both guidelines do not specifically address a knee scooter but state that in general for power mobility devices they are 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. The ODG states that disability, pain, and age-related impairments seem to determine the need for a walking aid. Nonuse is associated with less need, negative outcome, and negative evaluation of the walking aid. The documentation indicates that the patient does not feel stable with crutches. There is no indication that she has attempted another walking aid. The MTUS states that early exercise and mobilization should be encouraged at every step of injury. The request for rental of knee scooter x 1 month is not medically necessary.