

Case Number:	CM15-0062683		
Date Assigned:	04/08/2015	Date of Injury:	07/11/2000
Decision Date:	05/07/2015	UR Denial Date:	03/18/2015
Priority:	Standard	Application Received:	04/02/2015

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: 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:

The male injured worker suffered an industrial injury on 07/11/2000. The diagnoses included plantar fasciitis/fibromatosis. The injured worker had been treated with injections. On 2/9/2015, the treating provider reported moderate improvement on the heels with amniotix injections. He reported increased longevity with walking and reduced pain. The treatment plan included Purchase of travel scoot deluxe scooter for long distances.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of travel scoot deluxe 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 -Knee and Leg, Web Edition CA MTUS: 2010 revision, Web Edition.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Pain Section: Power Mobility Devices.

Decision rationale: The Official Disability Guidelines comment on the use of power mobility devices such as a travel scoot deluxe scooter. Power mobility devices 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 assistant devices, a motorized scooter is not essential to care. In this case, the records do not indicate why the patient could not use a manual wheelchair as a means to address the inability to walk distances. For this reason and given the above-cited guidelines, a travel scoot deluxe scooter is not considered as medically necessary.