

Case Number:	CM14-0141651		
Date Assigned:	09/10/2014	Date of Injury:	12/31/2013
Decision Date:	10/10/2014	UR Denial Date:	08/23/2014
Priority:	Standard	Application Received:	09/02/2014

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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 is a 54-year-old male who reported an industrial injury to the right ankle on 12/31/2013, nine months ago, attributed to the performance of his usual and customary job tasks. The patient was documented to have undergone right ankle open reduction and internal fixation of nonunion, distal tibial bone graft major, and ankle arthroscopy with decompression and removal of anterior impinging tibiotalar osteophytes, and fluoroscopy's three views of right ankle on 7/29/2014. The patient continued to complain of ankle pain. The patient was noted to have mild swelling and mild tenderness with normal circulation. An ankle x-ray revealed good alignment, anatomically reduce bone, and fixation hardware in place. The diagnosis was aftercare of traumatic leg fracture and closed fracture of unspecified part of fibula. The treatment plan included the prescription for a knee scooter for ambulation.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Knee 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, Ankle & Foot (Acute & Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg

Chapter--walking aids, canes, crutches, braces, orthoses, and walkers Other Medical
Treatment Guideline or Medical Evidence: Medicare guidelines for mobility devises

Decision rationale: The request for the rental or purchase a knee scooter for the patient is not supported with objective evidence to demonstrate medical necessity based on the current diagnoses. The patient is documented to have had an ORIF of the right ankles and would be able to use crutches or a walker post operatively. There was no rationale supported by objective evidence by the requesting physician to support the medical necessity of a knee up scooter for the reported diagnoses and the noted surgical intervention to the right ankle. There is no demonstrated medical necessity for the prescribed knee up scooter in relation to the performed ankle procedure. Alternatives are available to help the patient ambulate. The knee scooter as an ambulatory assist is not demonstrated to be medically necessary for the treatment of the cited diagnoses. A small scooter with four wheels designated as a knee up scooter is not medically necessary for the treatment of the right ankle post operatively. There was insufficient subjective/objective evidence provided to support the medical necessity for the requested knee up scooter for the treatment of the diagnoses listed. The requesting provider has not demonstrated that a functional mobility deficit cannot be sufficiently treated with the prescription of crutches or walker.