

Case Number:	CM14-0211777		
Date Assigned:	12/24/2014	Date of Injury:	02/12/2014
Decision Date:	03/03/2015	UR Denial Date:	12/04/2014
Priority:	Standard	Application Received:	12/17/2014

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. 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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & Gen Prev Med

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 30 year old male sustained a work related injury on 2/12/2014. The mechanism of injury was not described. The current diagnoses are plantar fasciitis, minor Achilles tendonitis, right ankle sprain/strain with tear of anterior talofibular ligament and calcaneofibular ligament, and tear of the peroneus brevis tendon, right ankle. According to the progress report dated 10/8/2014, the injured worker notes the pain remains the same. The injured worker wishes to have surgery for repair of the peroneal tendon. The physical examination of the right ankle revealed slight edema over the level of the anterior talofibular ligament. There is slight pain at the peroneal tendon posterior to the fibula. Sensation, muscle strength, and deep tendon reflexes remain intact. A block at the peroneal tendon was performed to rule out if that is where the pain is coming from or the anterior talofibular ligament. The injured worker did have a complete block at that level and it did decrease the pain. The medication list was not specified in the records provided. The MRI is positive for partial tearing of the anterior talofibular ligament with severe attenuation. Also the calcaneofibular ligament was not identifiable and also the inframalleolar peroneus brevis has partial tearing with tenosynovitis. On this date, the treating physician prescribed knee scooter rental times 30 days, which is now under review. The treating physician did not describe any specific reasons for prescribing the knee scooter. When the scooter rental was first prescribed work status was not described. On 12/4/2014, Utilization Review had non-certified a prescription for knee scooter rental times 30 days. The knee scooter rental was non-certified based on very limited evidence of any significant deficit in the physical exam that

would prevent the claimant from utilizing crutches, standard walkers or other standard ambulatory assist devices. The Official Disability Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Knee scooter rental x 30 days: 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)- TWC Ankle and Foot Procedure Summary

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- Knee, Power mobility devices (PMDs)

Decision rationale: MTUS is silent concerning knee scooters. ODG states, "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 treating physician has not provided medical documentation the the claimant is unable to utilize crutches, standard walkers, or other standard ambulatory assist devices. Medical documents also recommend that the patient should be walking. As such, the request for a knee scooter rental x 30 days is not medically necessary.