

<b>Case Number:</b>	CM15-0069001		
<b>Date Assigned:</b>	04/16/2015	<b>Date of Injury:</b>	11/18/2014
<b>Decision Date:</b>	05/15/2015	<b>UR Denial Date:</b>	03/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/13/2015

### 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: New Jersey

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 injured worker is a 54 year old female, who sustained an industrial injury on 11/18/2014. She reported a misstep injury to the left knee and fractured the left ankle. Diagnoses include arthritis and degenerative joint disease. Treatments to date include NSAIDS, narcotic, and activity modification. Currently, she complained of left knee pain with ankle still in a cast. On 3/10/15, the physical examination documented tenderness to palpation over the knee. The plan of care included a knee scooter secondary to non-weight bearing status and ankle fracture.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Knee scooter:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Power Mobility Devices Page(s): 99.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Leg and Knee section, Walking aids (canes, crutches, braces, orthoses, & walkers).

**Decision rationale:** The MTUS does not address the use of walking aids such as knee scooters. The ODG, however, states that walking devices in general are recommended based on the degree of disability, pain, and age-related impairments. Nonuse of these aids leads to less need, less negative outcome, and less negative evaluation of the walking aid. The use of a knee scooter is particularly helpful in settings where no load is recommended on one leg and where normal strength is in the non-injured leg, such as in the case of this worker. However, the intention of this scooter was to use it over the course of one month or so as the ankle fracture heals. This request suggests that this is for purchase as it does not mention rental or duration of rental. Rental would be more appropriate for temporary use, if available. Therefore, the purchase of the knee scooter will be not medically necessary.