

Case Number:	CM15-0073470		
Date Assigned:	04/23/2015	Date of Injury:	07/20/2008
Decision Date:	05/20/2015	UR Denial Date:	04/01/2015
Priority:	Standard	Application Received:	04/17/2015

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: North Carolina
 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 56 year old female who sustained a work related injury July 20, 2008. According to a treating physician's report, dated January 26, 2015, the injured worker presented for follow-up of her bilateral lower extremity injury. She continues to have pain in both feet, left more than right, and continues with bracing and intermittent use of a boot on the right. There is persistent valgus deformity, swelling and pain in the ankle and hind foot. Contralateral right foot has occasional pains in the medial aspect of the ankle and arch region. Impression is documented as bilateral lower extremity industrial injuries; posterior tibial tendinitis and medial ankle pain, right foot and ankle; osteoarthritis, right ankle, with persistent valgus deformity and nonunion ankle arthrodesis; s/p subtalar and naviculocuneiform fusions with solid bony union. Treatment plan included re-request of revision fusion, continue current medication and bracing. At issue, is the request for an electric scooter.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electric Scooter: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Power mobility devices (PMDs) Page(s): 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines electric mobility devices.

Decision rationale: The California MTUS section on powered mobility guidelines states: Not recommended if the functional mobility deficit can be sufficiently resolved by a prescription of a cane or walker, or the patient has sufficient upper extremity function to propel a manual wheelchair or there is a caregiver available willing and able to provide assistance with a manual wheelchair. The patient has ongoing ankle pain and weakness status post surgery. This is the etiology of the functional mobility issues. There is no evidence however, that the patient lacks upper body function to not be able to propel a manual wheel chair and therefore the request for electric scooter is not medically necessary.