

<b>Case Number:</b>	CM15-0092227		
<b>Date Assigned:</b>	05/19/2015	<b>Date of Injury:</b>	04/15/2014
<b>Decision Date:</b>	06/17/2015	<b>UR Denial Date:</b>	04/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/14/2015

### 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 21-year-old female, who sustained an industrial injury on 04/15/2014. She reported a left foot crush injury. The injured worker is currently temporarily very disabled. The injured worker is currently diagnosed as having reflex sympathetic dystrophy of the right leg, chronic pain syndrome, anxiety, depression, and insomnia. Treatment and diagnostics to date has included left foot MRI that showed possible fat necrosis, walker boot, physical therapy, lumbar sympathetic blocks, and medications. In a progress note dated 04/09/2015, the injured worker presented with complaints of left lower extremity chronic regional pain syndrome pain with worsening left sciatic pain. Objective findings include slight touch to the dorsum of the left foot causes withdrawal of the foot away from the provider and injured worker unable to voluntarily wiggle the left great toe. The treating physician reported requesting authorization for a bathtub chair and motorized scooter.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One (1) bathtub chair:** 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), Knee and Leg Chapter, DME.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, durable medical equipment.

**Decision rationale:** The California MTUS and the ACOEM do not specifically address the requested item. Per the Official Disability Guidelines section on durable medical equipment, DME is primarily and customarily used to serve a medical purpose and generally not useful to a person in the absence of illness or injury. DME equipment is defined as equipment that can withstand repeated use i.e can be rented and used by successive patients, primarily serves a medical function and is appropriate for use in a patient's home. The equipment itself is not rentable or able to be used by successive patients. It does not serve a primary medical purpose. Therefore, criteria have not been met per the ODG and the request is not medically necessary.

**One (1) motorized 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 (ODG), Knee and Leg Chapter, DME.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines powered mobility devices Page(s): 99.

**Decision rationale:** The California MTUS, ODG and ACOEM do not directly address the requested service. The California MTUS section on powered mobility devices 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. Criteria for the use of a motorized scooter have not been met in the clinical documentation provided for review and therefore the request is not medically necessary.