

<b>Case Number:</b>	CM15-0095557		
<b>Date Assigned:</b>	05/22/2015	<b>Date of Injury:</b>	08/12/2014
<b>Decision Date:</b>	06/26/2015	<b>UR Denial Date:</b>	05/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/18/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 applicant is a represented 52-year-old who has filed a claim for chronic foot, ankle, and heel pain reportedly associated with an industrial injury of August 12, 2014. In a Utilization Review report dated May 8, 2015, the claims administrator failed to approve a knee scooter rental. An appeal letter of April 28, 2015, RFA form of April 15, 2015, and progress note of April 15, 2015 were referenced in the determination. Non-MTUS ODG Guidelines were invoked, despite the fact that the MTUS addressed the topic. The applicant's attorney subsequently appealed. On March 24, 2015, the applicant reported ongoing complaints of foot pain. Swelling was often appreciated after prolonged walking, it was reported. Pain after five minutes of walking was also evident. Limited range of motion about the subtalar joint with tenderness about the sinus tarsi region was present. Compressive stockings were endorsed. A corticosteroid injection was apparently performed. The applicant was given a 15-pound lifting limitation. It was not clear whether the applicant was or was not working with said limitation in place, although this did not appear to be the case. On April 15, 2015, the applicant reported ongoing complaints of ankle and heel pain. The applicant was back to his baseline after receiving only fleeting relief from the other injection. Hardware removal and subtalar arthrodesis procedure(s) were recommended. Work restrictions were endorsed. The attending provider stated that the applicant would require a knee scooter rental for six weeks as the applicant would be non-ambulatory postoperatively. The attending provider stated that the applicant would be unable to manage through usage of a cane, crutches, or walker alone. Norco was endorsed for postoperative use purposes.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Knee scooter rental for 6 weeks: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle Chapter, PMD.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 377, Chronic Pain Treatment Guidelines Power mobility devices (PMDs) Page(s): 99.

**Decision rationale:** Yes, the request for a knee scooter rental for six weeks was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 14, Table 14-6, page 377, full activity is not recommended in the presence of swelling or other signs of acute trauma. Here, the attending provider stated that the applicant would likely be non-ambulatory following planned ankle and heel hardware removal surgery and fusion. The attending provider advised the applicant to eschew weight bearing and/or perform limited weight bearing postoperatively. Full activity and/or full weight bearing was not, thus, indicated in the postoperative context present here. While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that power mobility devices such as the scooter in question are not recommended if an applicant's functional mobility deficits can be sufficiently resolved through usage of a cane, walker, and/or manual wheelchair, here, however, the attending provider did, in fact, suggest that the applicant would be unable to manage through usage of a cane, crutch, or walker during the acute postoperative phase. Provision of a knee scooter rental for six weeks was, thus, indicated in the aftermath of the planned ankle-foot hardware removal and subtalar joint fusion surgery. Therefore, the request was medically necessary.