

Case Number:	CM15-0097435		
Date Assigned:	05/28/2015	Date of Injury:	10/21/2006
Decision Date:	06/30/2015	UR Denial Date:	05/13/2015
Priority:	Standard	Application Received:	05/20/2015

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: Pennsylvania
 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 49 year old female, who sustained an industrial/work injury on 10/21/06. She reported initial complaints of right foot and ankle pain and low back pain. The injured worker was diagnosed as having s/p right ankle arthroscopy with ATF ligament repair, lateral knee sprain, acute tenosynovitis, and right ankle sprain and ligament rupture. Treatment to date has included medication, diagnostics, and surgery (right ankle arthroscopy with ATF ligament repair). Currently, the injured worker complains of pain to the right ankle s/p arthroscopy. She admits being on her feet post-operative due to caring for her handicapped son. Per the primary physician's progress report (PR-2) on 4/28/15, examination revealed right ankle incision with sutures intact, lateral ankle was tender with palpation, pain with range of motion. X-ray showed no acute fractures, ankle mortise is well aligned. Current plan of care included cam walker and use of scooter. The requested treatments include 6 week rental of a knee scooter.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 week rental of a knee scooter: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg, Power mobility devices.

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

Decision rationale: The ODG does not reference knee scooters. The ODG does reference power mobility devices but a knee scooter is not a power mobility device. It is a manually operated device as is a manual wheel chair, which is referenced in the ODG in regards to power mobility devices. The ODG in regards to power 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. (CMS, 2006)" In this case the worker has been provided with a CAM walker which may not allow sufficient mobility. A non-powered manual mobility device such as a knee scooter is appropriate.