

<b>Case Number:</b>	CM15-0099569		
<b>Date Assigned:</b>	06/02/2015	<b>Date of Injury:</b>	04/07/2015
<b>Decision Date:</b>	07/01/2015	<b>UR Denial Date:</b>	04/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/22/2015

### 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, California  
 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:

This is a 51 year old male patient who sustained a work related injury April 7, 2015, after a fall with injury to the right ankle. Diagnoses are ankle fracture on the right, in the setting of previous Charcot-Marie-Tooth disease and ankle fusion; abrasion of knee. Per the note dated 5/11/15, electric wheelchair was requested for usage while he is rehabilitating from the fracture. According to a physician's initial report, dated April 9, 2015, he has a history of Charcot-Marie-Tooth disease and underwent bilateral ankle fusions between the ages of 10 and 12. Physical examination revealed; 5'7" 152 pounds, evident swelling obscuring both the lateral and medial malleolus, with tenderness, the medial malleolus more tender to palpation, no visible discoloration or instability or anterior drawer sign, a small abrasion that healing at the patella on the right. The medications list includes norco. He has had right ankle X-rays which revealed a medial malleolus avulsion fracture. He was placed in a walking boot and provided crutches. Treatment plan included a podiatry consultation, medication and at issue, a request for authorization for an electric wheelchair/scooter.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Electric wheelchair/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 page 99 Power mobility devices (PMDs).

**Decision rationale:** Request-Electric wheelchair/Scooter. Per the CA MTUS chronic pain guidelines, Power mobility devices are 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." A detailed recent objective musculoskeletal and neurological exam documenting functional deficits that preclude use of other assistive devices or a manual wheel chair, was not specified in the records provided. The absence of a care giver who can propel a manual wheel chair is not specified in the records provided. Any other medical conditions that would completely compromise the patient's ability to use a manual wheelchair are not specified in the records provided. The medical necessity of Electric wheelchair/Scooter is not fully established for this patient.