

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 11/25/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/10/2013
Date of Injury:	10/1/2013
IMR Application Received:	8/1/2013
MAXIMUS Case Number:	CM13-0005895

- 1) MAXIMUS Federal Services, Inc. has determined the request for **electric mobility device is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/1/2013 disputing the Utilization Review Denial dated 7/10/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/26/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for **electric mobility device is not medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in California. 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 treatments and/or services at issue.

Expert Reviewer Case Summary:

The patient is a 53-year-old male who reported injury on 10/01/2012. Office note dated 07/03/2013 revealed the patient had fallen landing on his right knee. The patient was noted to have severe right knee pain. The patient has been noted to have previous knee surgeries. The patient has also been noted to have physical therapy and it was stated that neither the physical therapy nor the surgery helped the patient. The patient was noted to be using a cane in the left hand and limping on the right knee. It was stated that he continues to have intermittent right shoulder pain. The patient was noted to have endstage arthritis in his left knee and the left knee is noted to be aggravated by limping. The patient is noted to have right shoulder intermittent pain. X-ray showed a type 2 acromion. It was further stated in the office note that there was a peer to peer discussion on 05/06/2013 with Dr. [REDACTED], an internal medicine/cardiologist. The patient asked about weight loss and motorized mobility device for the patient. It was noted the patient was using a cane and at risk for falling. It was further stated that the patient was unable to use a regular wheelchair because of his shoulder. He is noted to be 5 feet 8 inches tall and weigh 350 pounds. The physical examination revealed the patient had mild weakness in the rotator cuff and positive impingement and ac compression testing.

Documents Reviewed for Determination:

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application of Independent Medical Review
- Utilization Review Determination
- Medical Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for electric mobility device:Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines (2009), pg. 99, Power Mobility Devices (PMDs) Section, which is a part of MTUS.

The Expert Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

MTUS Guidelines do not recommend power mobility devices if the functional mobility deficit can be sufficiently resolved by the prescription of a cane or walker or if 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. The clinical documentation submitted for review indicates the employee has positive impingement signs and a weak rotator cuff, but fails to provide documentation of objective range of motion deficits, or objective measurements of decreased strength that will not support the use of a manual wheelchair. Additionally, the records indicate the employee is a candidate for knee surgery if he loses weight. **The request for electric mobility device is not medically necessary and appropriate.**

Effect of the Decision:

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

/sce

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.