

Case Number:	CM13-0026812		
Date Assigned:	03/19/2014	Date of Injury:	06/24/2008
Decision Date:	04/22/2014	UR Denial Date:	09/06/2013
Priority:	Standard	Application Received:	09/19/2013

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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 disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 60-year-old male with date of injury of 06/24/2008. The listed diagnoses per [REDACTED] dated 08/26/2013 are: 1. Pain in joint of lower leg 2. Chronic knee pain 3. Status post right knee Total Knee Arthroplasty revision. According to progress report dated 08/26/2013 by [REDACTED], the patient presents with right hip pain. He describes it as a burning sensation. He denies any recent injury or change in activity. He continues to wear his knee brace for stability. Objective findings show the patient is in no appearing distress. He is ambulatory with a cane. Treater is requesting a scooter.

IMR ISSUES, DECISIONS AND RATIONALES

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

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 Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Power Mobility Devices Page(s): 99.

Decision rationale: This patient is status post total knee arthroplasty, date unknown. The treater is requesting a scooter. Utilization review dated 09/06/2013 denied the request stating that the patient has sufficient upper extremity function to propel a manual wheelchair. MTUS guidelines p99 on 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." Report dated 08/26/2013 by [REDACTED], show the patient is ambulating with the assistance of a cane. In this case, the patient is able to walk with the use of a cane with no difficulties and there are no reports of upper extremity dysfunction. The treater does not explain why a simple walker with a seat would not suffice for community ambulation. Therefore, recommendation is for denial.