

Case Number:	CM13-0042230		
Date Assigned:	12/27/2013	Date of Injury:	10/07/2010
Decision Date:	02/25/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	10/17/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine, Pulmonary Diseases 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 physician 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 female who reported an injury on 10/07/2010 due to a fall that caused injury to her right knee. Prior treatments have included H-wave therapy, physical therapy, a home exercise program, medications, and assisted ambulation. The most recent clinical examination submitted for review was from 02/12/2013, which revealed the patient had persistent bilateral knee pain. Physical findings included trigger points palpated in the quadratus lumborum region bilaterally, as well as the gluteus region, restricted range of motion of the cervical spine, restricted range of motion of the knees bilaterally, and decreased motor strength in the bilateral knees and hips. The patient had a positive McMurray's test bilaterally. The patient's diagnoses included bilateral knee degenerative joint disease, right knee pes anserine bursitis, and mechanical symptoms of the right knee. The patient's treatment plan included continued physical therapy, continued medications, and durable medical equipment to assist with function.

IMR ISSUES, DECISIONS AND RATIONALES

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

Motorized scooter: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The requested Motorized scooter is not medically necessary or appropriate. The clinical documentation did not include a recent evaluation that provided deficits that could not be sufficiently resolved by lower levels of equipment. California Medical Treatment Utilization Schedule does not recommend the prescription of a motorized scooter when the patient has functional deficits that can be sufficiently resolved by lower levels of equipment. There was no clinical documentation to rule out the usage of a cane walker or manual wheelchair to assist the patient with ambulation. Therefore, a motorized scooter would not be supported. As such, the requested Motorized scooter is not medically necessary or appropriate.