

Case Number:	CM13-0047843		
Date Assigned:	12/27/2013	Date of Injury:	02/09/2009
Decision Date:	03/11/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	11/04/2013

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 Orthopedic Surgery 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 claimant is a 54-year-old male who reportedly suffered a vocationally related injury on 02/09/09 that resulted in injuries to his knees and back. He has been diagnosed with osteoarthritis of his knees, for which viscosupplementation had been recommended. The more recent clinical examination notes that the claimant has ambulatory dysfunction related to severe knee pain and back pain. Reportedly, he was using a cane to ambulate, although it was documented that he could walk without the cane.

IMR ISSUES, DECISIONS AND RATIONALES

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

Scooter chair for purchase: 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) Chapter Knee and lower leg: powered 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) Chapter Knee and lower leg: powered mobility devices.

Decision rationale: The MTUS and ACOEM Guidelines do not address a power scooter. Official Disability Guidelines state that power mobility devices can be useful for individuals who

have severe ambulatory dysfunction related to lower extremity pathology and who have insufficient power to propel a manual wheelchair. The records in this particular case suggest that this patient is using a cane, and in fact, has some ambulatory potential without a cane. While the claimant may have significant lower extremity pathology that requires offloading devices, there is no evidence within the records to suggest that this gentleman has upper extremity dysfunction that would preclude him from propelling a manual wheelchair. As such, he does not meet medical necessity criteria for a scooter chair. As such, I would support the adverse determination for the request for purchase of a scooter chair.