

Case Number:	CM13-0057461		
Date Assigned:	12/30/2013	Date of Injury:	03/21/2000
Decision Date:	07/28/2014	UR Denial Date:	10/30/2013
Priority:	Standard	Application Received:	11/25/2013

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 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 injured worker is a 62-year-old female who reported an injury on 03/21/2000. In the clinical notes, dated 08/09/2013, the injured worker complained of right knee and low back pain. It was noted that an unofficial MRI of the back revealed disc bulging and arthritis. Prior treatments included physical therapy and pain medications. The physical examination revealed the injured worker ambulated with a right sided limp and used a cane. The injured worker's weight was annotated as 242 and a half, which was annotated to be decreased by 11 and a half pounds. The diagnoses included chronic pain state; GERD/dyspepsia with pyloric spasm; hypertension; prediabetes; anxiety/depression/insomnia; dyslipidemia; obesity; overactive bladder; constipation, medication/stress related; hyperhomocysteinemia; status post right knee surgery (04/30/2012); and hypothyroidism. The treatment plan included a request for a motorized scooter due to inability to weight-bear for prolonged periods of time, home housekeeping assistance, and prescribed medications of Lyrica, levothyroxine, Provigil, pantoprazole, Tigan, Voltaren Gel, Flector Patch, Detrol, hyoscyamine SL, Maxzide, lisinopril, Norvasc, Soma, Tylenol, Avinza, and morphine tabs. The request for authorization for a motorized scooter and home housekeeping assistance was submitted on 09/04/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 MOTORIZED SCOOTER TO HELP WITH MOBILITY DUE TO BOTH KNEES AND LUMBAR SPINE DISORDER: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter, Power mobility devices (PMDs).

Decision rationale: The Official Disability Guidelines (ODG) state that power mobility devices (PMDs) are not recommended if the functional mobility deficit can be sufficiently resolved by the prescription of a cane or a walker, or the injured worker 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. Early exercise, mobilization, and independence should be encouraged at all steps of the injury recovery process, and if there is any mobility with canes or other assistive devices, a motorized scooter is not essential to care. In the clinical notes provided for review, it is annotated that the injured worker is able to use a cane and is losing weight. There is also a lack of documentation of the injured worker having insufficient upper extremity function to propel a manual wheelchair. Furthermore, there is lack of documentation of the injured worker's range of motion of the lower extremities and lumbar spine. Therefore, the request for a motorized scooter is not medically necessary.