MAXIMUS Federal Services

Case Number:	CM13-0058213		
Date Assigned:	04/25/2014	Date of Injury:	09/30/2003
Decision Date:	08/13/2014	UR Denial Date:	10/18/2013
Priority:	Standard	Application Received:	11/26/2013

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 Occupational Medicine 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 applicant is a represented [redacted] employee who has filed a claim for bilateral knee arthritis reportedly associated with an industrial injury of September 30, 2003. Thus far, the applicant has been treated with the following: Analgesic medications; opioid therapy; transfer of care to and from various providers in various specialties; and topical agents. In a Utilization Review report dated October 18, 2013, the claims administrator denied a request for a [redacted] Freerider, citing Non-MTUS Official Disability Guidelines and Medicare & Medicaid Services (CMS) Guidelines, although the MTUS did address the topic at hand. The applicant's attorney subsequently appealed. A July 9, 2013 progress note is notable for comments that the applicant was status post right and left total hip replacements which were reportedly successful. The applicant had received recommendation to pursue a left knee total knee arthroplasty. The applicant presented with reportedly excruciating pain. The applicant exhibited well-healed surgical incision about the hips, mild swelling about the left knee, diffuse tenderness about the same, and a normal gait. The applicant was given a diagnosis of failed left knee total knee arthroplasty with superimposed right knee arthritis. The applicant was asked to consult a knee surgeon to consider revision of failed total knee arthroplasty. In an April 30, 2014 hospital discharge summary, the applicant was described as status post right knee total knee arthroplasty. The applicant was at best semi-ambulatory at discharge, it was stated, and was having difficulty transferring, it was suggested. On November 12, 2013, the applicant was described as continuing to use a walker and having a worsening gait in some sections of the report. Other sections of the report stated that the applicant had an unremarkable gait with no limping. On November 20, 2013, the applicant reportedly stated that she was using a walker with a seat owing to concerns that her knees might give way. The applicant reportedly had severely limited ambulation; it was suggested, owing to advanced knee arthritis.

IMR ISSUES, DECISIONS AND RATIONALES

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

[redacted] **Freerider Scooter:** Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Medicare & Medicaid Services (CMS) Guidelines.

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

Decision rationale: The request in question appears to represent a power mobility device. As noted on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines, power mobility devices are not recommended when the functional gait deficit is such that it can be ameliorated through a conventional cane or a manual walker. In this case, however, the applicant's advanced knee arthritis was apparently so severe that it could not be ameliorated through usage of a cane and/or walker. The applicant still had issues with gait derangement and apparently was prone to fall; it was suggested on several occasions. Provision of a scooter to ameliorate the same was indicated. Therefore, the request is medically necessary.