

Case Number:	CM13-0066891		
Date Assigned:	01/03/2014	Date of Injury:	09/14/2008
Decision Date:	05/22/2014	UR Denial Date:	12/03/2013
Priority:	Standard	Application Received:	12/17/2013

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 patient is a 64 year old female who was injured on 09/14/2008. She was caring for a patient when that individual attacked her and pushed her against a wall. The individual threw a walker at the patient's leg. Progress report dated 10/21/2013 states the patient continues to have ongoing pain in the left knee. The patient relies on a walker for ambulation. The patient also complains of pain in her left leg. The patient stated that she was seeing [REDACTED] for pain management approximately 2 weeks ago. The patient continues to await the scooter. She has great difficulty with ambulation. Progress report dated 09/16/2013 reports the patient was last seen approximately one month ago. Due to her ongoing problems with the lower extremity and difficulty walking, the patient stated that she can only stand and walk for less than 20 minutes. The patient uses a walker with wheels for ambulation. The patient cannot walk a block. The patient requested to be provided with a motorized wheelchair/scooter. Objective findings on exam revealed range of motion of the left knee is from 0 to 110 degrees. There is discomfort in the area where the nail was inserted in the left tibia. The patient is ambulating very slowly and with some difficulty with the walker. The diagnosis is status post left knee surgery and open reduction internal fixation left lower extremity. Progress report dated 08/19/2013 reports the patient was seen today for the left lower extremity. The patient continues to have pain throughout her left leg and left knee. The patient is having more difficulty walking. The patient would like to have an electric wheelchair. On exam, the patient uses a walker with a seat and wheels for ambulation. The range of motion of the left knee is from 0 to 120 degrees. There is weakness of the quadriceps. The patient complains of giving way and falling often. Office note dated 07/15/2013 reports the patient uses a walker for ambulation. The patient is wearing a brace on the left knee. The left knee exam reveals the patient cannot squat or kneel on the left lower extremity. She limps on the left knee. There are well-healed scars on the left knee and

leg. Range of motion of the left knee is from 0 to 115 degrees; McMurray's test is positive; Lachman test is negative; and Drawer test is negative. There is no gross effusion of the knee. The patient relies on a walker for ambulation.

IMR ISSUES, DECISIONS AND RATIONALES

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

MOTORIZED SCOOTER: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Powered Mobility Devices Page(s): 99.

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

Decision rationale: The CA MTUS guidelines detail: "Power mobility devices (PMDs) are 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. 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 this case, the clinical documentation has lacked an actual description of why the patient's walker is not sufficient. However, provider had noted that "she cannot walk a block" on 9/30/13. Given the patient's age and injury, and the limited functional mobility from the walker, the patient's conditions meet the MTUS guidelines for a power mobility device. As such, the request for a motorized scooter is medically necessary.