

Case Number:	CM14-0000201		
Date Assigned:	02/05/2014	Date of Injury:	08/02/2001
Decision Date:	07/03/2014	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	12/31/2013

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:

This is a 66-year-old female with an 8/2/2001 date of injury. She was getting out of a bus when her bag caught on the door and she fell down the stairs. An office visit note on 12/3/13 indicates that the patient is managing well overall, but her right knee continues to be unstable. She has chronic leg swelling, which is limiting her activities of daily living. The objective findings include: pain with lumbar range of motion (ROM) and tenderness to palpation to lower back. The treatment to date include: L5-S1 decompression in 2005, status post bilateral knee replacement, walker, and medication management. A utilization review (UR) decision dated 12/16/13 denied the request based on the fact that it is noted that the patient can walk half a block and then needs to take a break and sit on her walker seat. The motorized scooter is being requested because the patient attends a diabetes support group [REDACTED] and the scooter would be convenient. The frequency of the meetings is unstated, and the patient has assistance at the meetings.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE (1) MOTORIZED SCOOTER WITH BASKET PER REPORT DATED 12/03/2013:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines POWER MOBILITY DEVICES (PMDS) Page(s): 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines POWER MOBILITY DEVICES (PMDS) Page(s): 99.

Decision rationale: The Chronic Pain Guidelines indicate that if there is any mobility with canes or other assistive devices, a motorized scooter is not essential to care. The guidelines also state that power mobility devices 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. The patient has ongoing bilateral knee pain and low back pain, since 2001; however, there is no description of the inability to use a cane or walker. The patient is noted to be able to ambulate using a walker. The rationale provided in the physician's notes indicate that the scooter would be more convenient for the patient; however, the medical necessity of a motorized scooter with a basket is not clear. Therefore, the motorized scooter with a basket is not medically necessary.