

Case Number:	CM14-0101394		
Date Assigned:	09/16/2014	Date of Injury:	11/18/2008
Decision Date:	10/15/2014	UR Denial Date:	06/19/2014
Priority:	Standard	Application Received:	07/01/2014

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, has a subspecialty in Interventional Spine 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 59-year-old male with a date of injury of 11/18/2008. The listed diagnosis per [REDACTED] is joint pain in knee. According to progress report 06/05/2014, the patient presents with multiple orthopedic complaints including right knee medial arthritis and increasing back pain. The patient notes radiating pain down both legs. The patient is requesting "specifically an [REDACTED] 4410 scooter." The treater further states that, "He will also need a universal scooter lift and hitch for his vehicle." Examination revealed right hip limp due to knee arthritis. Sensory is decreased to both bilateral extremities and reflexes are absent in bilateral knees and ankles. The treater is requesting an [REDACTED] 4410 scooter and universal scooter lift and hitch as the patient has obesity, spinal stenosis, and degenerative arthritis. Utilization review denied the request on 06/19/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

[REDACTED] 4410 scooter QTY: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: This patient presents with multiple orthopedic complaints including spinal stenosis, degenerative arthritis of the spine, right knee arthritis and obesity. The treater is requesting an [REDACTED] 4410 scooter and universal scooter lift and hitch for his vehicle as the patient has difficulty ambulating. For power mobility devices, the MTUS Guidelines page 99 has the following "not recommended if the functional mobility deficits 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 assistant with the manual wheelchair. Early exercise mobilization and independence should be encouraged at all steps of injury recovery process, and if there is any mobility with canes or other devices, a motorized scooter is not essential to care." In this case, physical examination revealed decreased sensory, but no other deficit is noted. Furthermore, there is no documentation of upper extremity problems where a manual wheelchair cannot be considered. The request is not medically necessary.

Universal Scooter Lift and Hitch for Auto QTY: 1.00:

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: AETNA guidelines: Coverage Policy Bulletins Subject: Seat Lifts and Patient Lifts Policy Seat Lifts: Aetna U.S. Healthcare® covers seat lift mechanisms for those members with durable medical equipment (DME) coverage if ALL of the following criteria are met: 1. The patient must have severe arthritis of the hip or knee, or have severe neuromuscular disease; and 2. The seat lift mechanism mu

Decision rationale: This patient presents with multiple orthopedic complaints including spinal stenosis, degenerative arthritis of the spine, right knee arthritis and obesity. The treater is requesting an [REDACTED] 4410 scooter and universal scooter lift and hitch for his vehicle as the patient has difficulty ambulating. The ACOEM, MTUS and ODG Guidelines do not discuss chair lifts. AETNA guidelines support chair or patient lifts if the patient is incapable of standing from a seated position, among other requirement. There is no evidence that this patient is unable get up from a seated position. The request is not medically necessary.