

Case Number:	CM14-0011273		
Date Assigned:	02/21/2014	Date of Injury:	04/28/2000
Decision Date:	07/11/2014	UR Denial Date:	01/08/2014
Priority:	Standard	Application Received:	01/28/2014

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 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 54 year old female who has submitted a claim for osteoarthritis, localized, primary, lower leg, associated with an industrial injury date of April 28, 2000. The patient complains of increasing right knee pain with weight-bearing. She has undergone a 13 year course of treatment for bilateral compartment osteoarthritis and patellofemoral pain syndrome. A right knee flexion weight-bearing x-ray demonstrated bone-on-bone in the lateral compartment. Physical examination showed a BMI of 49 and moderate effusion of the right knee with patellofemoral tenderness. The diagnoses include right knee lateral compartment osteoarthritis and patellofemoral pain syndrome; status post tibial tubercle osteotomy (11/14/2000); and extreme obesity. Treatment recommendation include an electric scooter for obesity and arthritis. Treatment to date has included oral analgesics, cortisone injection, physical therapy, home exercises, cold modality, activity modification and knee surgeries. A utilization review from January 8, 2014 denied the request for electric scooter for purchase because there was no documentation that the patient is unable to ambulate using any alternative assistive devices such as a cane or walker, or self-propelled wheelchair for mobility.

IMR ISSUES, DECISIONS AND RATIONALES

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

ELECTRIC SCOOTER: Upheld

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

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

Decision rationale: The MTUS Chronic Pain Guidelines 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 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. If there is any mobility with canes or other assistive devices, a motorized scooter is not essential to care. In this case, there was no discussion regarding trial and failure of mobility aids such as cane, walker or wheelchair to assist the patient during ambulation. The MTUS Chronic Pain Guidelines does not support the use of motorized scooter when mobility is achieved with the use of canes or other assistive devices. There is no compelling rationale concerning the need for variance from the guideline. Therefore, the request is not medically necessary.