

Case Number:	CM14-0011627		
Date Assigned:	02/21/2014	Date of Injury:	09/11/2006
Decision Date:	08/07/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	01/29/2014

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:

Patient is a 66-year-old male who has submitted a claim for lumbago, low back pain, pelvic joint pain, lower leg pain, and status post knee surgery associated with an industrial injury date of 09/11/2006. Medical records from 2013 to 2014 were reviewed. The patient complained of bilateral knee pain. The physical examination showed presence of hard braces at bilateral knees, lumbar spine muscles were tender, he was barely able to extend his knees, and his gait was antalgic. Treatment to date has included right knee surgery, physical therapy, and medications. A utilization review from 01/23/2014 denied the request for a scooter rental for 3 days because of lack of documented indication, denied refurbished or refitting of the hard knee braces, and replacement of soft knee braces because of lack of instability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Scooter Rental (Days) Quantity Three: 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: Page 99 of the CA MTUS Chronic Pain Medical Treatment 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, a report from 01/18/2014 cited that patient needed a motorized scooter for covering long distances. He suggested renting a scooter, as he wanted to attend an event. However, the patient already has a manual wheelchair given in 2013. It is unclear if there was difficulty propelling himself, or if there was no available caregiver to assist him. Moreover, the event already occurred in January 2014. There is no clear indication for certifying a scooter at this time. Therefore, the request for Scooter Rental (Days) Quantity Three is not medically necessary.

Refurbished or Refitting of the Hard Knee Braces Quantity One: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339-340.

Decision rationale: CA MTUS states that a knee brace can be used for patellar instability, anterior cruciate ligament (ACL) tear, or medial collateral ligament (MCL) instability although its benefits may be more emotional than medical. In this case, the patient complained of bilateral knee pain. He has been given hard knee braces since 2013. The rationale for refurbishing is because it no longer fitted him, especially at the left knee, due to weight loss. The medical necessity was established. Therefore, the request for Refurbished or Refitting of the Hard Knee Braces Quantity One is medically necessary.

Replacement of the Soft Knee Braces Quantity One: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339-340.

Decision rationale: CA MTUS states that a knee brace can be used for patellar instability, anterior cruciate ligament (ACL) tear, or medial collateral ligament (MCL) instability although its benefits may be more emotional than medical. In this case, the patient complained of bilateral knee pain. He has been given hard knee braces since 2013. The documented rationale for soft knee braces is because patient drives a standard transmission hot rod and the hard braces do not allow him to clutch appropriately. However, there was no discussion concerning frequency of this activity. There is likewise no recent comprehensive physical examination of the knee showing instability that may support the request. The medical necessity cannot be established

due to insufficient information. Therefore, the request for Replacement of the Soft Knee Braces Quantity One is not medically necessary.