

Case Number:	CM14-0016285		
Date Assigned:	04/11/2014	Date of Injury:	08/04/1988
Decision Date:	05/28/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	02/10/2014

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 an 86-year-old male with date of injury of 08/04/2008. According to the report, the patient presents with knee pain. The patient's most recent viscosupplementation injections did not provide tremendous relief to his knees. His mobility is poor, and he is not a surgical candidate based on the severity of his medical history. The physical examination shows severe varus arthritis in both knees with very limited range of motion. The knees show crepitus with motion and pain medially with mild effusions. His gait is antalgic and ambulates with the use of a cane. The utilization review denied the request on 01/31/2014. The physician is requesting the purchase of a motorized scooter for mobility purposes due to the severity of orthopedic complaints and disability of bilateral knees.

IMR ISSUES, DECISIONS AND RATIONALES

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

PURCHASE OF MOTORIZED SCOOTER FOR MOBILITY PURPOSES DUE TO SEVERITY OF ORTHOPEDIC COMPLAINTS AND DISABILITY OF BILATERAL KNEES: Overturned

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: This patient presents with bilateral knee pain. The physician is requesting a purchase of a motorized scooter. The MTUS Guidelines page 99 on power mobility devices states, "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." The report dated 05/06/2013 documents that the patient uses a wheelchair for distances and a cane around the house, ambulatory distance is around less than block. Also, the patient is unable to climb stairs and has difficulty with shoe and sock application. The physician referenced an x-ray of the bilateral knees showing severe medial arthritis with subluxation of the tibia and the femur. In addition, there is tricompartmental disease and bone-to-bone collapse medially. The patient has other medical co-morbid conditions as well. Therefore, the request for the purchase of a motorized scooter for mobility purposes due to severity of orthopedic complaints and disability of bilateral knees is medically necessary and appropriate.