

<b>Case Number:</b>	CM14-0128034		
<b>Date Assigned:</b>	08/15/2014	<b>Date of Injury:</b>	03/16/2012
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	07/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/11/2014

### 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 and Rehabilitation and is licensed to practice in Nevada. 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 injured worker is a 65-year-old female who was reportedly injured on 3/16/2012. The mechanism of injury was noted as a slip and fall. The most recent progress notes dated 5/21/2014 and 7/7/2014, indicate that there were ongoing complaints of knee pain; however, she reported "the ointment has helped a lot". The physical examination demonstrated tenderness to the right lateral knee medial inferior aspect and the patient ambulated with an antalgic gait and cane. No recent diagnostic imaging studies available for review. Diagnoses: Right knee osteoarthritis, patellafemoral syndrome, chondromalacia patella, myofascial spasm and situation stress. Previous treatment included physical therapy, a home exercise program and medications to include non-steroidal anti-inflammatory drugs (NSAIDs) and Voltaren Gel. A request was made for motorized scooter and was not certified in the pre-authorization process on 7/28/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Motorized Scooter:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Power Mobility Devices.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): (electronically sited).

**Decision rationale:** California Medical Treatment Utilization Schedule/American College of Occupational and Environmental Medicine practice guidelines support motorized scooters for a diagnosis of severe chronic knee osteoarthritis accompanied by major impairment in mobility that has either not responded to arthroplasty and/or inadequate response to conservative treatment consisting of at least 2 different non-steroidal anti-inflammatory drugs (NSAIDs), aerobic exercise, strengthening exercise, weight loss and an aquatic therapy program. Review, of the medial records documents a history of osteoarthritis after an injury in 2007; however, it fails to document the criteria required by the guidelines. As such, this request is not considered medically necessary.