

Case Number:	CM14-0129393		
Date Assigned:	08/18/2014	Date of Injury:	12/08/1980
Decision Date:	09/30/2014	UR Denial Date:	07/28/2014
Priority:	Standard	Application Received:	08/14/2014

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 records presented for review indicate that this 66-year-old gentleman was reportedly injured on December 8, 1980. The mechanism of injury is noted as loading heavy crates. The most recent progress note, dated July 7, 2014, indicates that there are ongoing complaints of bilateral knee pain and swelling. The physical examination demonstrated anterior knee tenderness and limited range of motion. There was limping with ambulation observed. Diagnostic imaging studies of the knees show no increase in osteoarthritis. Previous treatment includes a right and left knee arthroscopy with postoperative physical therapy. A request had been made for an electric scooter and was not certified in the pre-authorization process on July 28, 2014.

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: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg, Power Mobility Devices, Updated August 25, 2014.

Decision rationale: According to the Official Disability Guidelines, power mobility devices are not recommended if the functional mobility deficit can be sufficiently resolved by the prescription of a cane, Walker, or the patient has sufficient upper extremity function to propel a manual wheelchair. The attached medical record does not indicate that the injured employee is unable to ambulate without a cane, Walker, the use of a wheelchair. As such, this request for electric scooter is not medically necessary.