

Case Number:	CM14-0132508		
Date Assigned:	08/22/2014	Date of Injury:	05/28/2003
Decision Date:	09/25/2014	UR Denial Date:	07/29/2014
Priority:	Standard	Application Received:	08/19/2014

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 expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records: The claimant was injured on 05/28/03. Butrans patch, a mobility scooter and a walk-in shower are under review. On 02/20/14, she complained of pain in both hands with stiffness, swelling, and decreased motion and strength. Her symptoms increased with grasping, pushing, and lifting. She had trouble with fine manipulation. She also had pain in the low back that increases with prolonged sitting or standing and walking. She required ambulatory assistance and does not drive. She complained of pain in the left knee and the knee would continue to give out. It was worse with weight bearing. She also complained of pain in the right foot and ankle that increases with weight bearing. She was using a shower chair and had a bar to get in and out of the bathtub. She had 2 steps going into her apartment which were difficult for her. She uses ambulatory assistance to walk and only can walk 5-10 minutes. She had a significant inability to sit, stand, or walk which was related to her rheumatoid arthritis. On 04/28/14, she had mild swelling in the left knee with buckling but it had improved. She had mild swelling. Range of motion was fairly good and there was crepitus and tenderness. She was able to decrease swelling with ice and elevation. She was worried that her foot would give way when she walks. On 06/13/14 her right ankle exam revealed moderately reduced active range of motion and she had tenderness of the lateral malleolus and tibialis anterior. Right knee exam revealed mild decreased range of motion and she had crepitus and tenderness. On 07/10/14, she complained of right ankle pain. She was limping and favoring the right lower extremity. There was tenderness of the knee joint with crepitus. She also had tenderness and decreased range of motion of the low back. The provider recommended discontinuation of Tramadol and starting Butrans patch. She reportedly was ambulatory with the use of an assistive device. She is

reportedly status post left knee arthroscopic surgery in 2002 and right ankle ligament repair in 2011.

IMR ISSUES, DECISIONS AND RATIONALES

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

Mobility Scooter: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Powered mobility devices Page(s): 131.

Decision rationale: The history and documentation do not objectively support the request for a mobility scooter. The MTUS state "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. 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." There is no objective documentation that indicates that the claimant is unable to use other devices such as a manual wheelchair, cane, etc. Therefore, this request is not medically necessary.

Walk In Shower: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.medicaremd.com/coverage>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Medicare guidelines on reimbursement: http://www.medicaremd.com/coverage_noncovered_equipment.asp.

Decision rationale: The history and documentation do not objectively support the request for a walk-in shower. The MTUS and ODG do not support this request. The Medicare guidelines do not support payment for this type of item. The specific objective findings and indications for this type of shower have not been described and none can be ascertained from the records. Therefore, this request is not medically necessary.