

Case Number:	CM14-0158892		
Date Assigned:	10/14/2014	Date of Injury:	07/24/2013
Decision Date:	11/17/2014	UR Denial Date:	09/13/2014
Priority:	Standard	Application Received:	09/29/2014

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 Family 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 had a date of injury on 7/24/2013. The patient while at work was hit in the face with a beam and fell 3 stories landing on concrete and wood. Patient had a fracture of the pelvis, acetabulum, wrist and heel as well as multiple lacerations. Diagnosis include: torn meniscus in the bilateral knees, status post surgery to the pelvis and wrist, elbow complaints, and herniated nucleus pulposus in the lumbar spine.

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 base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg (Acute and Chronic)

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

Decision rationale: According to guidelines it states that power mobility devices are not recommended if the patient can ambulate with a cane, walker or use a wheelchair manually.

According to the medical records the patient is able to ambulate using a cane. Based on this an Electric Scooter is not recommended.