

<b>Case Number:</b>	CM14-0171954		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	05/22/1995
<b>Decision Date:</b>	12/19/2014	<b>UR Denial Date:</b>	09/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/17/2014

### 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:

This patient is a 66 year-old male with date of injury 05/22/1995. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 08/25/2014, lists subjective complaints as respiratory insufficiency and diabetes. Objective findings: Patient has osteoporosis that has been contributed to by the steroids and the Fosamax he takes. Patient requires prednisone for his diabetes which has resulted in a weight gain of about 50 pounds. Peripheral neuropathy has also developed as a result of the patient's diabetes. Diagnosis: 1. Reactive airways dysfunction syndrome 2. COPD 3. CHF 4. Diabetic foot ulcer.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Motorized Wheelchair or 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: Power Mobility Devices (PMDs)

**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: Blue Cross Clinical UM Guideline, Durable Medical Equipment, Guideline #: CG-DME-10, Last Review Date: 02/13/2014

**Decision rationale:** According to the Blue Cross Clinical UM Guideline for Durable Medical Equipment, durable medical equipment is considered medically necessary when all of a number of criteria are met including:-There is a clinical assessment and associated rationale for the requested DME in the home setting, as evaluated by a physician, licensed physical therapist, occupational therapist, or nurse; and-There is documentation substantiating that the DME is clinically appropriate, in terms of type, quantity, frequency, extent, site and duration and is considered effective for the individual's illness, injury or disease. The documentation supports that the requested DME will restore or facilitate participation in the individual's usual Activities of Daily Living (ADL)'s and life roles. There is insufficient documentation to recommend a motorized scooter or wheelchair. Motorized Wheelchair or Scooter is not medically necessary.