

Case Number:	CM14-0022417		
Date Assigned:	05/09/2014	Date of Injury:	07/15/1988
Decision Date:	07/10/2014	UR Denial Date:	02/14/2014
Priority:	Standard	Application Received:	02/21/2014

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 & Rehabilitation, has a subspecialty in Interventional Spine 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 female with date of injury 07/15/1988. Per treating physician's report 10/24/2013 which is the most recent report available, the patient presents with bilateral knee pain at intensity of 6/10 and left knee at 9/10, authorized for right knee TKA, and going through preoperative clearance. She continues to do home exercises and stretching routine as tolerated. She has multiple grandchildren, some of who have special needs, and it has been difficult for her to find time to complete these tests. Medications are Norco 3x a day which reduces pain down to 4/10. On examination, range of motion was 10 to 150 on the left side and 0 to 95 on the right side. Gait was antalgic with the use of single point cane. There was a letter from insurance carrier 06/18/2013 authorizing right total knee replacement. Listed diagnoses are status post left total knee arthroplasty with segmental separation from bone of the left distal femoral component but overall stable, right knee osteoarthritis. Under treatment plan, the request was for a new motorized scooter as her older one is broken and no longer functional.

IMR ISSUES, DECISIONS AND RATIONALES

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

A REPLACEMENT MOTORIZED SCOOTER: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Power Mobility Devices Page(s): 99.

Decision rationale: Regarding power mobility devices, MTUS Guidelines state they 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. There is documentation that the patient using a cane. There is no documentation that the patient has tried walker with a seat. There are no diagnoses that pertained to the upper extremities or the cervical spine to inhibit the patient's use of upper extremities to propel a manual wheelchair. Therefore, the request is not medically necessary.