

Case Number:	CM14-0031542		
Date Assigned:	06/20/2014	Date of Injury:	12/10/2008
Decision Date:	08/12/2014	UR Denial Date:	02/18/2014
Priority:	Standard	Application Received:	03/12/2014

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 Anesthesia, has a subspecialty in Acupuncture & Pain 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 is a 62 year old female injured worker with a date of injury of 12/10/08 with related bilateral knee pain. Per an 11/6/13 progress report, the injured worker made a request for Pilates classes and for a scooter. She had a left total knee replacement, which was nonindustrial based. She had occasional bilateral knee pain and she was slightly unsteady when first standing up. She was using a cane for ambulation. Per a 1/10/14 progress report, she reported having bilateral upper extremity symptoms in her shoulders and elbows when using her crutches. The date of UR decision was 2/18/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Motorized 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 POWER MOBILITY DEVICES Page(s): 99.

Decision rationale: With regard to motorized wheelchairs, the MTUS Chronic Pain Guidelines states 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." While it is noted in the documentation submitted for review that the injured worker experienced bilateral upper extremity symptoms in the shoulders and elbows while using crutches, there was no documentation of weakness or any reason why she would be unable to use a manual wheelchair. The request is not medically necessary.