

Case Number:	CM14-0038953		
Date Assigned:	06/27/2014	Date of Injury:	01/31/1994
Decision Date:	11/04/2014	UR Denial Date:	03/19/2014
Priority:	Standard	Application Received:	04/02/2014

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 Preventive 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:

According to the records made available for review, this is a 54-year-old male with a 1/31/94 date of injury, and 2 right knee and 1 left knee surgeries (unspecified date). At the time (3/19/14) of the Decision for 4-wheeled electric scooter, there is documentation of subjective (pain in the legs, left shoulder, elbow, and wrist; and that the patella was loose and the foot was pronating outward as a result) and objective (decreased bilateral shoulder range of motion, positive Hawkin's and Drop test, decreased range of motion of bilateral knees, and tenderness over the medial joint line bilaterally with edema and crepitus) findings, current diagnoses (lumbago, osteoarthritis involving lower leg, and chronic pain syndrome), and treatment to date (aquatic therapy, cane, and medications). 4/2/14 and 6/2/14 medical report identifies that patient has had multiple surgeries in both upper extremities with post-surgical chronic pain and weakness, surgeries in both knees with resultant instability, and a motorized scooter, not wheelchair, is felt to be an assistive device that can provide patient with the ability to improve managing his ADLs and more broadly improve quality of life. There is no documentation of a functional mobility deficit that cannot be sufficiently resolved by the prescription of a cane or walker, the patient has insufficient upper extremity function to propel a manual wheelchair, and there is no caregiver who is available, willing, or able to provide assistance with a manual wheelchair.

IMR ISSUES, DECISIONS AND RATIONALES

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

4-wheeled electric scooter: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Power mobility devices (PMDs) Page(s): 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines POWER MOBILITY DEVICES Page(s): 132.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of a functional mobility deficit that cannot be sufficiently resolved by the prescription of a cane or walker, the patient has insufficient upper extremity function to propel a manual wheelchair, and there is no caregiver who is available, willing, or able to provide assistance with a manual wheelchair, as criteria necessary to support the medical necessity of Motorized Wheelchair or Scooter. Within the medical information available for review, there is documentation of diagnoses of lumbago, osteoarthritis involving lower leg, and chronic pain syndrome. However, despite documentation of a rationale that patient has had multiple surgeries in both upper extremities with post-surgical chronic pain and weakness, surgeries in both knees with resultant instability, and a motorized scooter, not wheelchair, is felt to be an assistive device that can provide patient with the ability to improve managing his ADLs and more broadly improve quality of life, there is no documentation of a functional mobility deficit that cannot be sufficiently resolved by the prescription of a cane or walker, the patient has insufficient upper extremity function to propel a manual wheelchair, and there is no caregiver who is available, willing, or able to provide assistance with a manual wheelchair. Therefore, based on guidelines and a review of the evidence, the request for 4-Wheeled Electric Scooter is not medically necessary.