

<b>Case Number:</b>	CM14-0068542		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	11/11/2011
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	05/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/13/2014

### 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 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 75-year-old male with a 11/11/2011 date of injury, status post arthroscopy of bilateral knees in 2003, status post left medial meniscectomy 7/10/12, and status post total knee replacement 9/23/13. At the time (4/30/14) of request for authorization for 1 jazzy type 4 wheel mobility scooter, there is documentation of subjective (not specified) and objective (not specified) findings, current diagnoses (bilateral knee pain), and treatment to date (surgery, physical therapy, synvisc injections, and cortisone injections). 4/25/14 medical report indicates patient has used a wheeled walker with distance walking or a cane for shorter distances. There is no documentation of a functional mobility deficit that cannot be sufficiently resolved by the prescription of a cane or walker, that 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:

**one jazzy type 4 wheel mobility 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.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Power Mobility Devices Page(s): 132.

**Decision rationale:** The 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 a diagnosis of bilateral knee pain. However, given documentation that patient has used wheeled walker with distance walking or a cane for shorter distances, there is no documentation of a functional mobility deficit that cannot be sufficiently resolved by the prescription of a cane or walker. Therefore, based on guidelines and a review of the evidence, the request for one jazzy type 4 wheel mobility scooter is not medically necessary.