

Case Number:	CM14-0152513		
Date Assigned:	09/22/2014	Date of Injury:	09/26/2002
Decision Date:	01/20/2015	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	09/18/2014

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 Family 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 61year old female patient who sustained an injury on 9/26/2002. She sustained the injury while pushing books on flat bed down ramp, got out of control, bounced back and hit her legs and back. The current diagnoses include failed back syndrome, SI joint pain and myofascial pain. Per the doctor's note dated 9/9/2014, she had 40% improvement in low back pain but persistent SI joint pain. The physical examination revealed positive right SI joint pain, minimal flexion/extension. Per the doctor's note dated 8/11/2014, she was unable to adequately use her cane or walker because the pain and discomfort in her shoulders and because of the pain, discomfort, and instability in her lower extremity. Physical examination revealed bilateral knee-tenderness, 1+ effusion, range of motion 3 degrees lack of extension and 115 degrees of flexion, positive patellofemoral crepitation and positive grind test; bilateral shoulder- bilateral shoulders-well healed arthroscopic portals, forward flexion and abduction to 160 degrees bilaterally, internal rotation to the SI joint, and tenderness to the subacromial bursal space. The medications list includes Celebrex, Cymbalta, Aciphex, Lyrica, Norco, Lidoderm patch, Imitrex, and Voltaren ER. She has had MRI left knee dated 9/15/14 which revealed post-operative changes, medial meniscus tear; MRI right knee dated 9/15/14 which revealed chondromalacia patella, mild tendinosis and intrasubstance degeneration of the posterior horn; lumbar CT scan dated 1/7/2014 which revealed post-operative changes and 3mm bulge at L2-3 with foraminal narrowing and facet hypertrophy. She had undergone left carpal tunnel release on 9/6/2014; lumbar spine surgery, spinal cord placement and removal, left knee arthroscopy in 5/12 and right knee arthroscopy in 12/2012; shoulder arthroscopy. She has had physical therapy visits, aqua therapy, kenalog injection to the bilateral shoulder and knee, and viscosupplementation to the bilateral knee for this injury.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg Chapter, Power mobility devices (PMDs)

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

Decision rationale: Per the CA MTUS chronic pain guidelines cited, power mobility devices 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." The absence of a caregiver who can propel a manual wheel chair is not specified in the records provided. A detailed neurological exam demonstrating weakness of the upper and lower extremities or significant medical conditions that would compromise the patient's ability to use a manual wheelchair is not specified in the records provided. The medical necessity of motorized scooter is not fully established for this patient. Therefore, the request is not medically necessary.