

Case Number:	CM14-0157350		
Date Assigned:	09/30/2014	Date of Injury:	11/18/2010
Decision Date:	01/22/2015	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	09/25/2014

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 Emergency 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:

The injured worker is a 40 year-old male, who sustained an injury on November 18, 2010. The mechanism of injury is not noted. Diagnostics have not been included in the clinical records submitted for review. Treatments have included: Left knee medial meniscus surgery; cane; medications. The current diagnoses are: Left knee medial meniscus tear, status-post surgery; bilateral shoulder tendonitis; right cubital tunnel syndrome. The stated purpose of the request for motorized scooter purchase was to assist the injured worker with ambulation. The request for motorized scooter purchase was September 18, 2014, citing the rationale that there is no documentation in the provided clinical records that the injured worker's functional mobility deficit could not be sufficiently resolved by the prescription of a cane or walker. The provided clinical documentation does not indicate that he would not be able to propel a manual wheelchair. Per the report dated September 8, 2014, the treating physician noted that the injured worker was having difficulty ambulating and requested a different cane and consideration for a possible scooter. Objective findings included tenderness to palpation, especially to the right knee medial joint line with slight joint effusion. Bilateral shoulder range of motion is restricted in abduction and flexion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Motorized scooter for purchase: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee and Leg Chapter, Power Mobility Devices.

Decision rationale: The requested motorized scooter purchase is not medically necessary. CA MTUS is silent and ODG Guidelines, knee and leg chapter, power mobility devices, do not recommend this DME if the functional mobility deficit can be sufficiently resolved by the prescription of a cane or walker, or the individual has sufficient upper extremity function to propel a manual wheelchair. The injured worker has difficulty ambulating. The treating physician has documented knee tenderness to palpation, especially to the right knee medial joint line with slight joint effusion. However, there is no documentation contraindicating the use of a walker. The treating physician has documented restricted bilateral shoulder range of motion in abduction and flexion. However, there is no documentation of upper extremity weakness that would prohibit the injured worker from using a manual wheelchair or walker. The criteria noted above not having been met, motorized scooter purchase is not medically necessary.