

Case Number:	CM14-0206189		
Date Assigned:	12/18/2014	Date of Injury:	03/04/2002
Decision Date:	02/09/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/09/2014

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 Rehab, has a subspecialty in Interventional Spine Pain Management 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 patient is a 76 year old female with an injury date of 03/04/02. Based on 10/30/14 progress report, the patient is status post right knee arthroscopy with meniscectomy on 11/09/10, unicompartmental replacement on 07/14/11, and TKA on 06/21/12. Currently, the patient complains of worsening pain in the right knee along with pain in left shoulder and right ankle. Physical examination of the left shoulder reveals tenderness to palpation at the anterior subacromial space. Range of motion is limited with flexion and abduction at 60 degrees. Physical examination of the right knee and ankle reveals diffuse tenderness on all aspects and in the hamstring and quadriceps area as well. There is some swelling in the affected areas. The patient also has comorbid conditions such as insulin dependent diabetes, hypertension, obesity, BMI of 40.8 and history of COPD and pneumonia, as per case progress report dated 10/15/14. The patient is undergoing physical therapy for the ankle, as per progress report dated 10/30/14. She ambulates with the help of a walker, as per the same report. She also suffers from itching all over the body. The patient is taking Levofloxacin for her industrial injury, as per case progress report dated 10/15/14. The patient has been on total temporary disability for 45 days, as per progress report dated 10/30/14. MRI of the Right Shoulder, 04/27/14, as per case report dated 10/15/14: Partial thickness tearing of the supraspinatus, subscapularis, and infraspinatus tendons - Partial thickness carrying of the intra-articular portion of the bicep tendon with tear of the anterior superior glenoid labrum - Fatty atrophy of the subscapularis muscle - Glenohumeral joint effusion - Fluid within the subacromial/sub deltoid space in combination with AC joint hypertrophy Diagnoses, 10/30/14: - Full thickness tear of the rotator cuff - Impingement syndrome - Tricompartamental chondromalacia - Medial meniscus tear - S/P total knee replacement - Bimalleolar fracture The provider is requesting for Scooter Batteries 2 with

charger. The utilization review determination being challenged is dated 11/25/14. Treatment reports were provided from 04/30/14 - 10/30/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Scooter batteries 2 with charge: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) chapter Knee & Leg (Acute & Chronic), Power mobility devices (PMDs).

Decision rationale: The patient complains of worsening pain in the right knee along with pain in left shoulder and right ankle, as per progress report dated 10/30/14. The request is for Scooter Batteries 2 with charger. The patient is status post right knee arthroscopy with meniscectomy on 11/09/10, unicompartmental replacement on 07/14/11, and TKA on 06/21/12, as per the same report. ODG guidelines, chapter 'Knee & Leg (Acute & Chronic)' and topic 'Power mobility devices (PMDs)', states, "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. Early exercise, mobilization and independence should be encouraged at all steps of the injury recovery process, and if there is any mobility with canes or other assistive devices, a motorized scooter is not essential to care." In this case, the patient has pain in the right knee and ankle. She was authorized for a motorized scooter on 12/26/12, as per the Utilization Review denial letter. The provider is now requesting for batteries and a charger. The ODG guidelines do not specifically discuss motorized scooter accessories. However, they do not recommend the scooter to patients who have some mobility with canes and walkers. In progress report dated 10/30/14, the provider states that the patient is ambulating with a walker although the pain causes her to ambulate with a "noticeable limp." The patient has shoulder problems as well with upper extremity limitations. The patient already has a scooter and the assumption is that it was previously provided to the patient with appropriate determination. Given the patient's lower extremity issues that does not appear "sufficiently resolved by the cane or walker," and the patient's shoulder problem, the requested batteries with charger are medically necessary.