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| <b>Case Number:</b>   | CM15-0013347 |                              |            |
| <b>Date Assigned:</b> | 04/16/2015   | <b>Date of Injury:</b>       | 08/19/1998 |
| <b>Decision Date:</b> | 05/15/2015   | <b>UR Denial Date:</b>       | 01/20/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 01/23/2015 |

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

### 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 57 year old female who sustained an industrial injury on 08/19/1998. Diagnoses include bilateral knee internal derangement; status post left knee arthroscopy three months ago, left knee arthritis, status post artificial disc replacement with cord stimulator, cervical herniated nucleus pulpous, cervical spine pain radiating into the bilateral upper extremities, bilateral shoulder pain, bilateral wrist pain, and lumbar spine pain radiating into the bilateral lower extremities. Treatment to date has included diagnostic studies, surgery, medications, spinal cord stimulator, chiropractic treatment, and physical therapy. A physician progress note dated 01/19/2015 documents the injured worker complains of left knee pain, and no improvement in her symptoms. She is claiming multiple falls, and is unable to walk more than a block. She has tenderness to palpation over the bilateral medial and lateral joint lines. A progress note dated 12/19/2014 documents the left knee arthroscopy revealed significant chondromalacia, Grade IV, in all compartments. Treatment requested is for One (1) hospital bed, One (1) mobility scooter lightweight, and one (1) toilet supports-upper body handle.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One (1) mobility scooter lightweight:** 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, PMD.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Durable medical equipment.

**Decision rationale:** This 57 year old female has complained of knee pain since date of injury 8/19/98. She has been treated with surgery, spinal cord stimulator, chiropractic therapy and medications. The current request is for one mobility scooter lightweight. Per the ODG guidelines cited above, the medical records do not contain adequate documentation that supports the medical necessity of a mobility scooter. On the basis of the available medical documentation and per the ODG guidelines cited above, one mobility scooter is not medically necessary.

**One (1) toilet supports-upper body handle:** 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), DME.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Durable medical equipment.

**Decision rationale:** This 57 year old female has complained of knee pain since date of injury 8/19/98. She has been treated with surgery, spinal cord stimulator, chiropractic therapy and medications. The current request is for a toilet supports-upper body handle. Per the ODG guidelines cited above, toilet supports-upper body handle are considered a non-medical device and as such does not meet the medical definition of durable medical equipment. On the basis of the available medical documentation and per the ODG guidelines cited above, the request for toilet supports-upper body handle is not medically necessary.

**One (1) hospital bed:** 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), DME.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter.

**Decision rationale:** This 57 year old female has complained of knee pain since date of injury 8/19/98. She has been treated with surgery, spinal cord stimulator, chiropractic therapy and medications. The current request is for a hospital bed. Per the ODG guidelines cited above, there are no studies that support the purchase of any type of special mattress or bed. On the basis of the available medical documentation and per the ODG guidelines cited above, 1 hospital bed is not medically necessary.

