

Case Number:	CM15-0182243		
Date Assigned:	09/23/2015	Date of Injury:	02/25/1997
Decision Date:	12/15/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/16/2015

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: North Carolina, Georgia
 Certification(s)/Specialty: Family Practice

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 59 year old female who sustained an industrial injury on 2-25-1997. A review of medical records indicates the injured worker is being treated for plantar fascial fibromatosis, pain in joint lower leg, pain in joint ankle foot, and carpal tunnel syndrome. Medical records dated 8-28-2015 noted significant pain in the right hip at the greater trochanter and attributes this to the increase in weight bearing favored on the right leg more so than the left given her ongoing left knee pain. An electric scooter was requested due to her ongoing mobility difficulties. She continued to have ongoing pain in the knees with difficulty ambulating due to severe left knee pain and compensatory right knee pain. She requires crutches to get around but has been having increased pain in both shoulders and wrists with the use of these devices. Physical examination noted tenderness to palpation of the bilateral trapezii, medial border of the scapula with limited range of motion. There was tenderness to palpation over the medial joint lines of both knees. There was tenderness to palpation over the right greater trochanteric bursa. She had difficulty getting up from a seated to standing position. Treatment has included acupuncture treatment, flexeril, and Tramadol. Utilization review form dated 8-31-2015 noncertified electric scooter.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electric scooter: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Power mobility devices (PMDs).

Decision rationale: CA MTUS guidelines state that a power mobility device is not indicated if the functional mobility deficit can be resolved the prescription of a cane or walker, or if the claimant has sufficient upper extremity function to propel a manual wheelchair or if there is a caregiver who is available, willing and able to assist with a manual wheelchair. A motorized scooter is not essential to care if any of these conditions are met. In this case, there ample evidence that the claimant has tried to use alternate assistive devices (elbow canes) and that she has substantial upper extremity impairment (including significant bilateral carpal tunnel syndrome) which would prevent her from using a manual wheelchair. A motorized scooter is medically necessary.