MAXIMUS Federal Services

Case Number:	CM15-0187308		
Date Assigned:	10/02/2015	Date of Injury:	07/16/1999
Decision Date:	11/25/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	09/23/2015

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: Texas, California
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:

This is a 70 year old female patient who sustained an industrial injury on 07-16-1999. She sustained the injury while changing a light bulb. The diagnoses include chronic low back pain with lumbar spondylolisthesis and stenosis, neck pain, upper extremity, knee pain and status post multiple surgeries. Per the doctor's note dated 9/28/15, she had complaints of ongoing low back and bilateral knee pain. She recently underwent left total knee replacement on 9/10/2015. Physical therapy was just started. The physical examination revealed left knee in a brace, walking with a front wheeled walker very slowly. According to the treating physician's progress report on 08-31-2015, the patient had complaints of low back and knee pain. She reported leaning on objects for support while standing, difficulty ambulating and using a cane. She reported her current scooter seat cuts into the back of her legs. Current medications were listed as Norco 10mg-325mg, Lyrica, Reglan and Colace. Her medical history includes breast cancer (non industrial) and recurrent cellulitis in the lower extremities (non industrial). She had multiple diagnostic studies including cervical MRI, lumbar MRIs and left shoulder X-rays. The patient is status post right shoulder rotator cuff repair in 2009, left carpal tunnel release in 2007, right total knee replacement in 2011 and left total knee replacement on 09-10-2015. Prior treatments have included diagnostic testing, surgery, physical therapy, transcutaneous electrical nerve stimulation (TEN's) unit, home health care, motorized scooter and medications. The treatment plan consists of orthopedic spinal surgical consultation and the current request for a fitted motorized scooter with a larger seat. On 09-16-2015 the Utilization Review determined the request for a fitted motorized scooter with a larger seat was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME purchase: Fitted motorized scooter with a larger seat: Upheld

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

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

Decision rationale: DME purchase: Fitted motorized scooter with a larger seat. Per the CA MTUS chronic pain guidelines, 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 patient was walking with a front wheeled walker and using a motorized scooter. Evidence of significant functional deficits that preclude use of other assistive devices or a manual wheel chair, is not specified in the records provided. The absence of a care giver who can propel a manual wheel chair is not specified in the records provided. Any other medical conditions that would completely compromise the patient's ability to use a manual wheelchair are not specified in the records provided. The medical necessity of DME purchase: Fitted motorized scooter with a larger seat is not fully established for this patient.