MAXIMUS Federal Services

Case Number:	CM15-0215693		
Date Assigned:	11/06/2015	Date of Injury:	12/21/2005
Decision Date:	12/23/2015	UR Denial Date:	10/08/2015
Priority:	Standard	Application Received:	11/03/2015

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 55 year old female patient with a date of injury of December 21, 2005. The diagnoses include pain in lower leg joint and other chronic pain. Per the doctor's note dated July 24, 2015, she had complaints of constant left knee pain occasionally radiating to the whole left leg rated at a level of 7 out of 10. Per the progress note dated September 18, 2015, she had complaints of increased knee pain due to weather, and pain rated at a level of 9 out of 10 and 5 out of 10 with medications. Per the treating physician dated August 21, 2015, the employee was not working. The physical exam dated July 24, 2015 revealed decreased and painful range of motion of the left knee. The physical exam dated September 18, 2015 revealed pain with left knee range of motion. The current medications list includes Norco, Soma, and Cymbalta. She has had a left knee MRI on 10/6/2014 which revealed tricompartmental osteoarthrosis, joint effusion, mucoid degeneration of the ACL, chronic MCL sprain and a sign of previous medial meniscus surgery. She has undergone left knee arthroscopic surgery in 2006; removal of cancerous lesion from inner labia in 2013-14 and surgery for closure of scar from double hernia in 2014. She had cognitive behavior therapy for this injury. The utilization review (October 8, 2015) non-certified a request for a scooter for mobility.

IMR ISSUES, DECISIONS AND RATIONALES

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

Durable medical equipment Scooter for mobility: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: Durable medical equipment Scooter for mobility. 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, 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." 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 caregiver 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 Durable medical equipment Scooter for mobility is not fully established for this patient. Therefore, the request is not medically necessary.