

Case Number:	CM15-0087241		
Date Assigned:	05/11/2015	Date of Injury:	04/12/2010
Decision Date:	06/10/2015	UR Denial Date:	05/01/2015
Priority:	Standard	Application Received:	05/06/2015

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: Physical Medicine & Rehabilitation, Neuromuscular Medicine

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 (IW) is a 66 year old female who sustained an industrial injury on 04/12/2010. She reported pain in the left knee. The injured worker was diagnosed as having osteoarthritis in the left knee. Treatment to date has included a right knee replacement, left knee degenerative joint disease, left hip degenerative joint disease, status post left total hip arthroplasty, and bilateral shoulder strain. Currently, the injured worker complains of left knee pain and mild pain in bilateral shoulders. She ambulates with a cane. Her lumbar spine exam demonstrates mild paraspinous muscle tightness and tenderness. Her range of motion is limited with flexion and extension. The right shoulder demonstrates mild impingement with full range of motion and no instability. The right knee has a well-healed midline incision with no pain and full extension on flexion. The left knee shows well healed arthroscopic portals with medial and lateral joint line tenderness and a mild effusion. An electric scooter is requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electric Scooter: Upheld

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) Knee and Leg-Power mobility devices (PMDs).

Decision rationale: The request for an electric scooter is not medically necessary per the ODG. The MTUS does not address this request. The ODG encourages mobilization and states that if there is any mobility with an assistive device that a motorized scooter is not necessary. The ODG states that a power mobility device is 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 documentation indicates that the patient ambulates with a cane, therefore this request is not medically necessary.