

Case Number:	CM14-0121640		
Date Assigned:	09/16/2014	Date of Injury:	09/08/2004
Decision Date:	10/30/2014	UR Denial Date:	07/08/2014
Priority:	Standard	Application Received:	08/01/2014

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. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 male with a reported date of injury on September 08, 2004. The mechanism of injury is described as a fall, where the injured worker was lifting freight from the back of his truck when he fell off the back of the lift, landing on his left knee. Subsequent to the injury an emergency ORIF (Open Reduction and Internal Fixation) was performed and ten months later he had a total knee arthroplasty (TKA), left. The injured worker wears a CAM Walker Boot over the right foot. Left peroneal neuropathy about the knee (left) incomplete with foot drop is noted. A recent fall is noted causing fracture to the left hip. He is status post left femur fracture as of February 13, 2014 with IM nailing. According to a Current Medical Summary and Treatment Course document dated January 4, 2012, the injured worker has completed a functional restoration program. Date of admission into this program was November 19, 2012. A clinical note by Pain Medicine and Rehabilitation physician dated July 15, 2014 reveals the injured worker is utilizing a front wheeled walker to ambulate. A prior utilization review determination for a scooter resulted in denial on July 08, 2014 on the basis that there is no documentation of a functional mobility deficit that cannot be sufficiently resolved by prescription of a cane or walker.

IMR ISSUES, DECISIONS AND RATIONALES

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

Scooter: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Power mobility device. Decision based on Non-MTUS Citation Official Disability Guidelines, power mobility devices

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Power mobility devices Page(s): 99.

Decision rationale: The request is for a scooter. MTUS Chronic Pain Guidelines indicate that power mobility devices are not recommended if the functional mobility deficit can be significantly resolved by the prescription of a cane or a walker, or the injured worker has sufficient upper extremity function to propel a manual wheelchair, if there is a caregiver who is available, willing, and able to participate in assistance with a manual wheelchair. The submitted records indicate that this injured worker had a right foot that had become infected and he was walking with a front wheel walker and was wearing a boot walker over the right foot. It was noted he had recently fractured his left hip as well. The records do not indicate that he is unable to use a manual wheelchair, and the records do not indicate that a caregiver is not available to provide assistance with a manual wheelchair. As such, this request is not considered medically necessary at this time and is non-certified.