MAXIMUS Federal Services

Case Number:	CM14-0142744		
Date Assigned:	09/10/2014	Date of Injury:	03/31/1999
Decision Date:	11/13/2014	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	09/03/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in California and Nevada. 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 65 year old male whose date of injury is 03/31/1999. The mechanism of injury is not described. The injured worker was given a prescription for a three wheel scooter on 06/24/13. It is reported that the scooter is no longer functioning and is not stable. Per note dated 07/24/14, the injured worker complains of progressively increasing pain about the bilateral knees rated at 10/10. The injured worker is not currently working. The injured worker is wearing bilateral knee braces. On physical examination there is tenderness to palpation, decreased active range of motion and antalgic gait. Diagnosis is patellofemoral chondromalacia bilateral knees.

IMR ISSUES, DECISIONS AND RATIONALES

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

Four-wheel scooter replacement, or to be fixed: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Power mobility devices (PMDs).

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

Decision rationale: Based on the clinical information provided, the request for four wheel scooter replacement or to be fixed is not recommended as medically necessary. There is no evidence of lower extremity weakness, impaired proprioception and impaired static and dynamic

balance to support the need for a 4-wheeled scooter. There is insufficient information to support a change in determination, and the previous non-certification is upheld. The MTUS guidelines note that 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. Therefore, the request for a four-wheel scooter replacement, or to be fixed is not medically necessary and appropriate.

Mobility lift for the vehicle: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Based on the clinical information provided, the request for mobility lift for the vehicle is not recommended as medically necessary. Given that, the requested scooter is not medically necessary; the request for a mobility lift is likewise not medically necessary and appropriate.