

Case Number:	CM14-0143332		
Date Assigned:	09/10/2014	Date of Injury:	05/09/2005
Decision Date:	11/10/2014	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	09/04/2014

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 Orthopedic Surgery and is licensed to practice in Texas. 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 62 year old male who reported a work related injury of the knees on 05/09/2005. The mechanism of injury was not submitted into review. His diagnoses included bilateral osteoarthritis of the knees, diabetes, hypertension, and morbid obesity. His past treatments included injections. An unofficial X-ray revealed complete obliteration to the medial compartment joint space of both knees. On 08/12/2014, the injured worker complained of worsening symptoms, tremendous disability in the knees, and stated that he was unable to walk or go up or down the stairs. Examination revealed right knee range of motion was 3-120 degrees, Quad tone was down 10-15%, a presence of small knee effusion, and tenderness along the medial joint line reproduced pain. The injured workers medication included an intra-articularly injection of the knee of lidocaine 5mg and Kenalog 40mg. A request was received for a DME: Power Motor Scooter (Solax Scooter). The rationale for the request is that the patient was minimally ambulatory. The Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME: Power Motor Scooter (Solax Scooter): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG) Knee and Leg, Power mobility devices.

Decision rationale: Official Disability Guidelines state 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. The injured worker states that he has difficulty walking and is diagnosed with osteoarthritis in the knees. However, there is no documentation that the injured worker was unable to use a cane or walker, or that he does not have sufficient upper extremity function to propel a manual wheelchair. As such the request for DME: Power Motor Scooter (Solax Scooter) is not medically necessary.