

Case Number:	CM14-0144105		
Date Assigned:	09/12/2014	Date of Injury:	08/07/2009
Decision Date:	10/15/2014	UR Denial Date:	08/07/2014
Priority:	Standard	Application Received:	09/05/2014

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 Emergency Medicine, has a subspecialty in Fellowship Trained in Emergency Medical Services 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 61-year-old female who reported an injury on 08/07/2009. The mechanism of injury occurred during a fall. Her diagnoses included status post total knee replacement of the left knee, left knee pain, and right knee pain. The injured worker's past treatments included medications, a knee brace, a cane, physical therapy, and a rental scooter. Her diagnostic exams include an electromyography study of the right hand, MRI of the right shoulder, and an x-ray of the right knee. The injured worker's surgical history included a left knee total replacement on 11/2011 and a carpal tunnel release to the right wrists in 1987. On 07/22/2014, the injured worker complained of persistent pain in the knees, in particular that of the left knee. She reported that she was not able to ambulate more than 2 blocks at most and she cared for her disabled child. The injured worker reported that her current medications were definitely helpful and that, at some point, she was given a scooter that was working fine and then the company took it away. Apparently, it was a rental. The physical examination findings revealed that her walking was not good, her left knee was unstable, and that she used a knee brace, which caused more pain. She was walking with a front wheel walker for her ambulation, which was very slow. The injured worker's medication consisted of Norco 10/325 mg. The treatment plan consisted of the continuation of her medications and the authorization of a 3 wheeled sport scooter. A request was received for one 3 wheeled sport scooter. The rationale for the request was not clearly indicated in the clinical notes. The Request for Authorization form was signed and dated on 08/04/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 3-WHEELED SPORT SCOOTER: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, POWER MOBILITY DEVICES

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

Decision rationale: The Official Disability Guidelines do not recommend power mobility devices such as a 3 wheeled sport scooter, 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. If there is any evidence of mobility with canes or other assistive devices, a motorized scooter is not essential to care. Despite complaints of increased knee pain the use of a power mobility device is not warranted. Based on the clinical notes, the injured worker continued to have mobility, as she used a front wheel walker to ambulate and take care of her disabled child at home. The guidelines state that the use of a power mobility device is contingent on insufficient mobility and insufficient upper extremity function to propel a manual wheelchair. The injured worker continues to have mobility with the front wheel walker, and the clinical notes failed to indicate that the injured worker had insufficient upper extremity function to propel a manual wheelchair. Therefore, due to lack of documentation indicating that the injured worker had insufficient upper extremity function and immobility, the request is not supported. As such, the request for one 3 Wheeled Sport Scooter is not medically necessary.