

<b>Case Number:</b>	CM14-0083905		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	04/28/1998
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	05/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/05/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in 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 records, presented for review, indicate that this 63-year-old female was reportedly injured on April 20, 1998. The most recent progress note, dated May 14, 2014, indicated that there were ongoing complaints of right knee pain and instability. The physical examination demonstrated tenderness at the medial and lateral aspects of the right knee and decreased range of motion. Diagnostic imaging studies were unknown. Previous treatment included a right knee arthroscopy x 2, the use of a right knee brace, and oral medications. A request had been made for a motorized scooter and was not certified in the pre-authorization process on May 28, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Motorized 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 Knee & Leg (Acute & Chronic) Updated 3/31/14

**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, Updated October 7, 2014.

**Decision rationale:** According to the Official Disability Guidelines, the use of a power mobility device, such as a motorized scooter, is not recommended if the functional mobility deficit can be sufficiently resolved by the prescription of a cane, or walker, or the injured employee has sufficient upper extremity function to propel a manual wheelchair. A review of the attached medical record does not indicate that the injured employee meets these criteria. As such, this request for a motorized scooter is not medically necessary.