MAXIMUS Federal Services

Case Number:	CM15-0011536		
Date Assigned:	01/29/2015	Date of Injury:	08/01/1997
Decision Date:	03/24/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	01/21/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 64 year old female, who sustained a work related injury on 8/1/97. The diagnoses have included degeneration of cervical disc, rupture rotator cuff, shoulder pain, neck pain, and major depression. Treatments to date have included numerous cortisone injections, physical therapy, home exercise program, braces, activity modifications, left knee arthroscopies, rotator cuff surgery x 2, wrist surgery and oral pain medications. The injured worker complains of left knee pain. She has left knee joint tenderness with palpation. She limited range of motion in left knee. She walks with a limp. On 12/22/14, Utilization Review non-certified a request for a scooter purchase. The California MTUS, Chronic Pain Treatment Guidelines, were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME: Scooter: Upheld

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

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

Decision rationale: The patient presents with pain and weakness in her neck, lower back and upper/ lower extremities. The request is for SCOOTER. A scooter is discussed in the context of power mobility devices on page 99 MTUS and state, "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. Early exercise, mobilization and independence should be encouraged at all steps of the injury recovery process, and if there is any mobility with canes or other assistive devices, a motorized scooter is not essential to care." In this case, the treater has not provided an explanation for this request. The 12/08/14 progress report indicates that the patient uses her cane. The 11/06/14 progress report indicates that the patient has had 21 sessions of aqua therapy thus far and "she feels like she is able to walk with decreased pain." It would appear that the patient's mobility is aided with a cane and does not present with any upper extremity problems. Therefore, the request of scooter IS NOT medically necessary.