

Case Number:	CM15-0114060		
Date Assigned:	06/22/2015	Date of Injury:	02/11/2013
Decision Date:	07/21/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/12/2015

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: Preventive Medicine, Occupational Medicine

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 51 year old male who sustained an industrial injury on 02/11/2013. The injured worker was diagnosed with chondromalacia, bilateral medial meniscus tears, hypertension and morbid obesity. The injured worker is status post right knee arthroscopy in Apr 2013 and a right chondroplasty in October 2014. Treatment to date has included diagnostic testing with bilateral knee magnetic resonance imaging (MRI) in November 2014, surgery, physical therapy, bilateral knee braces, cane, psychological evaluation, cognitive behavioral pain management and medications. According to the primary treating physician's progress report on May 13, 2015, the injured worker continues to experience bilateral knee and low back pain. The injured worker was documented to ambulate with a cane. Body mass index was noted at 42.38. The injured worker continues to have locking and swelling of the right knee. The knee brace was noted to be helpful. The left knee was noted to have grinding, swelling and popping. Surgery is desired by the injured worker for the left knee at a convenient time. Low back pain radiates to both lower extremities. Current medications are listed as Ultram ER, Terocin Patch, Voltaren, Ibuprofen, Lorazepam, Belviq and Prilosec. Treatment plan consists of starting Pennsaid solution topically, left knee arthroscopy at the injured worker's convenience and the current request for a mobility scooter.

IMR ISSUES, DECISIONS AND RATIONALES

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

Mobility 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 and Leg, Power Mobility Devices.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Blue Cross Clinical UM Guideline, Durable Medical Equipment, Guideline #: CG-DME-10, Last Review Date: 02/13/2014.

Decision rationale: According to the Blue Cross Clinical UM Guideline for Durable Medical Equipment, durable medical equipment is considered medically necessary when all of a number of criteria are met including: There is a clinical assessment and associated rationale for the requested DME in the home setting, as evaluated by a physician, licensed physical therapist, occupational therapist, or nurse; and There is documentation substantiating that the DME is clinically appropriate, in terms of type, quantity, frequency, extent, site and duration and is considered effective for the individual's illness, injury or disease; and The documentation supports that the requested DME will restore or facilitate participation in the individual's usual IADL's and life roles. The information should include the individual's diagnosis and other pertinent functional information including, but not limited to, duration of the individual's condition, clinical course (static, progressively worsening, or improving), prognosis, nature and extent of functional limitations, other therapeutic interventions and results, past experience with related items, etc. The medical record does not contain sufficient documentation or address the above criteria. Mobility Scooter is not medically necessary.