

Case Number:	CM15-0170167		
Date Assigned:	09/08/2015	Date of Injury:	05/02/2002
Decision Date:	10/16/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	08/28/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 66-year-old male who sustained an industrial injury on 5-2-02. Treatments include: medication, physical therapy, knee brace and injections. Progress report dated 5-2-02 reports increased right knee pain. Diagnoses include: right knee advanced arthritis with severe pain, cervical spondylosis and right wrist slack deformity with advanced changes. Plan of care includes: continue medications; cyclobenzaprine, hydrocodeine, teracin cream and prilosec and prescription provided for a motorized scooter. Follow up in 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Motorized Scooter: Overturned

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

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

Decision rationale: According to the guidelines, motorized scooter is 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. 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 claimant cannot walk more than 10 feet. The claimant has chronic neck pain as well as a right wrist deformity with advanced degenerative changes. As a result, the claimant is unable to use a walker or manual wheelchair. The request for a motorized scooter in this case is medically necessary and appropriate.