

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0172501 | | |
| Date Assigned: | 09/14/2015 | Date of Injury: | 05/29/2011 |
| Decision Date: | 10/13/2015 | UR Denial Date: | 08/26/2015 |
| Priority: | Standard | Application Received: | 09/01/2015 |

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, Indiana, New York
Certification(s)/Specialty: Internal 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 50-year-old female who sustained an industrial injury May 29, 2011. Diagnoses are status post right total knee replacement, left knee overload with pain, and systemic lupus erythematosus. Documented treatment includes total right knee replacement March 19, 2014, steroid injections, use of a brace, use of walker, and medications including Cyclobenzaprine and Naprosyn. She had a physical therapy evaluation on August 6, 2015 stating she will be attending 2 visits per week for 6 weeks, and her "rehabilitation potential to achieve functional goals is fair." The injured worker continues to report right knee pain, swelling, and weakness, as well as on pain and weakness in the left knee. Physician progress report of June 26, 2015 states she has difficulty with activities of daily living. The treating physician's plan of care includes a motorized scooter which was denied August 26, 2015. Her current work status is temporary total disability.

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: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Power mobility devices (PMDs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and leg section, Power mobility devices (PMDs).

Decision rationale: Pursuant to the Official Disability Guidelines, motorized scooter is not medically necessary. Power mobility devices (PMD) are 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 injured worker's working diagnoses are status post total knee arthroplasty March 19, 2014; left knee overload pain; diagnosis of allergic reaction, anasarca, angioedema; systemic lupus erythematosus. Date of injury is May 29, 2011. Request for authorization is August 20, 2015. According to a progress note dated July 24, 2015, the injured worker is status post total knee arthroplasty on the right March 19, 2014. The injured worker ambulates with a walker. Objectively, there is decreased range of motion. There is no documented objective weakness in the lower extremities. There is no documentation of falling in the medical record. Power mobility devices (PMD) are not recommended if the functional mobility deficit can be sufficiently resolved by the prescription of a cane or walker. The documentation indicates the injured worker ambulates with a walker without difficulty. There is no clinical indication or rationale for a motorized scooter. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation with the clinical indication or rationale for a motorized scooter and documentation the injured worker ambulates with a walker, motorized scooter is not medically necessary.