

Case Number:	CM15-0037420		
Date Assigned:	03/05/2015	Date of Injury:	03/13/1992
Decision Date:	04/15/2015	UR Denial Date:	01/29/2015
Priority:	Standard	Application Received:	02/27/2015

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: New York, Tennessee

Certification(s)/Specialty: Emergency 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 62-year-old female, who sustained an industrial injury on 03/13/1992. She has reported subsequent lower extremity pain and was diagnosed with localized osteoarthritis of the lower leg, knee joint replacement and pernicious anemia. Treatment to date has included oral pain medication. In a progress note dated 01/16/2015, the injured worker complained of frequent falls even with the use of her walker and requested a power mobility device. Objective findings were notable for morbid obesity, slow walk with a walker and difficulty getting up from a seated position. The physician recommended a power mobility device.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of powered mobility device: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Knee and leg, Powered mobility devices.

Decision rationale: Powered mobility devices 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 patient is able to ambulate with the use of a walker. There is no medical indication for the use of a powered mobility device. The request should not be authorized.