

Case Number:	CM15-0066627		
Date Assigned:	04/14/2015	Date of Injury:	05/16/1986
Decision Date:	05/21/2015	UR Denial Date:	03/25/2015
Priority:	Standard	Application Received:	04/08/2015

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 60 year old female, who sustained an industrial injury on 5/16/1986. The current diagnosis is advanced arthritis of the bilateral knees. According to the progress report dated 3/12/2015, the injured worker complains of 7/10 pain in the right knee, and 8/10 pain in the left knee. The current medications are Tramadol and Flector patch. Treatment to date has included medication management and aqua therapy. Per notes, she needs bilateral total knee replacement when she can substantially decrease her body weight. The plan of care includes repair or replacement of electric Hover-Round scooter and grab bar for bath tub for safety reasons.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electric Hover around Scooter: 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 ODG- knee chapter and pg 56.

Decision rationale: According to the guidelines a an electric 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. In this case, there is no indication that the claimant cannot propel a manual wheelchair or walker. As a result the request for an electric scooter is not medically necessary.

Grab Bar for the Bath Tub: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, DME.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG- knee chapter and pg 61.

Decision rationale: According to the guidelines a shower grab bar is considered a self-help device, not primarily medical in nature. In this case, the claimant has OA and will have knee replacements. There is no indication of instability that would increase fall risk. The request for a grab bar is not substantiated and not medically necessary.