

Case Number:	CM15-0094339		
Date Assigned:	05/20/2015	Date of Injury:	10/16/2008
Decision Date:	06/24/2015	UR Denial Date:	04/17/2015
Priority:	Standard	Application Received:	05/15/2015

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 53-year-old female who sustained an industrial injury on 10/16/08 involving the back and knees. The exact mechanism of injury is unclear. She currently continues with significant pain and spasms to her low back with radiating pain across her right hip and buttocks; weakness to her bilateral lower extremities with left knee pain, swelling, grinding and buckling. She ambulates with crutches. She is beginning with upper extremity issues due to long-term use of crutches (6 years). Her activities of daily living are limited. Physical exam of the lumbar spine reveals spasm and tenderness on palpation of the lower lumbar region with pain on motion and decreased range of motion; knees show tenderness on palpation about the medial and lateral patellofemoral joint line bilaterally. Medications are not specifically identified. Diagnoses include musculoligamentous strain of the lumbar spine; severe osteoarthritis of the right knee, status post total knee replacement with weakness and painful joint replacement implant; severe left knee osteoarthritis; obesity. Diagnostics include MRI of the lumbar spine (2/27/11) showing; MRI of the left knee (2/26/12) showing oblique tear of the anterior horn of lateral meniscus, joint effusion, Baker's cyst, tricompartmental chondromalacia and osteoarthritis, subchondral cyst. In the progress note, dated 3/16/15 the treating provider's plan of care includes a request for a scooter, secondary to decreased ambulation due to painful weight bearing. Orthopedic evaluations on 10/27/14 and 12/29/14 documented ambulation without assistive devices. No significant neurological losses are documented affecting the lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Scooter for the bilateral knee, lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Power mobility devices.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Knee - Powered Mobility Devices.

Decision rationale: MTUS Guidelines do not address this issue. ODG Guidelines directly address this issue and recommend narrow circumstances to justify the use of a powered scooter. The Guidelines state that if there is any mobility with canes or other assistive devices a motorized scooter is not recommended. It is documented that this individual has mobility (with discomfort) and several medical examination have documented the ability to ambulate without assistive device. Under these circumstances, the Guidelines do not support a Scooter for the knees, lumbar spine. It is not medically necessary.