

Case Number:	CM15-0099933		
Date Assigned:	06/02/2015	Date of Injury:	08/06/1998
Decision Date:	07/08/2015	UR Denial Date:	05/07/2015
Priority:	Standard	Application Received:	05/22/2015

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: 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 (IW) is a 66-year-old female who sustained an industrial injury on 08/06/1998. Diagnoses include lumbar sprain/strain, sprain/strain of the knee/leg unspecified and sprain/strain of the neck. Treatment to date has included medications, activity modification, knee injections, stretching/strengthening exercises and TENS unit. According to the progress notes dated 4/20/15 the IW reported nearly constant aching pain in the neck, worse on the right side rated 4/10 at best and 7/10 at worst and with some numbness in the fingers; nearly constant low back pain at the pelvic brim and junction radiating to the right buttock and occasionally the right hamstrings, worse on the right, described as aching, stabbing, burning and numbness rated 4/10 at best and 7/10 at worst; and nearly constant aching right knee pain around the patella rated 4/10 at best and 7/10 at worst. The right knee was problematic with locking and giving out two to three times daily. She stated alleviating factors included medications, ice, heat and resting; stretches for the neck also helped. On examination she walked with a cane. Gait was shortened with a definite limp to the left. There was pain with motion of the lower spine and moderate retropatellar clicking in the right knee with flexion and extension. The right collateral and cruciate ligaments were mildly painful with stressing. A request was made for DME: scooter.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME: Scooter: Upheld

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 Page Num: 99 Treatment: Power mobility devices (PMDs) Page(s): 99.

Decision rationale: The requested DME: Scooter is not medically necessary. MTUS 2009 - Chronic Pain Treatment Guidelines 7/18/2009 Page Num: 99 Treatment: Power mobility devices (PMDs): "Not recommended if the functional mobility deficit can be sufficiently resolved by the prescription of a cane or walker, if the patient has sufficient upper extremity function to propel a manual wheelchair, or if a caregiver is available, willing, and able to provide assistance with a manual wheelchair." The injured worker has pain in the neck, worse on the right side rated 4/10 at best and 7/10 at worst and with some numbness in the fingers; nearly constant low back pain at the pelvic brim and junction radiating to the right buttock and occasionally the right hamstrings, worse on the right, described as aching, stabbing, burning and numbness rated 4/10 at best and 7/10 at worst; and nearly constant aching right knee pain around the patella rated 4/10 at best and 7/10 at worst. The right knee was problematic with locking and giving out two to three times daily. She stated alleviating factors included medications, ice, heat and resting; stretches for the neck also helped. On examination she walked with a cane. Gait was shortened with a definite limp to the left. There was pain with motion of the lower spine and moderate retropatellar clicking in the right knee with flexion and extension. The right collateral and cruciate ligaments were mildly painful with stressing. The treating physician has not documented insufficient upper extremity strength to utilize a manual wheelchair. The criteria noted above not having been met, DME: Scooter is not medically necessary.