

Case Number:	CM13-0015412		
Date Assigned:	11/06/2013	Date of Injury:	03/01/2007
Decision Date:	01/03/2014	UR Denial Date:	07/22/2013
Priority:	Standard	Application Received:	08/22/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Inteventional Spine and is licensed to practice in California. 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 physician 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/services.

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 IMR application shows the injury date as 3/1/07 and shows a dispute with the 7/22/13 UR decision. The 7/22/13 UR decision is from [REDACTED], and is for a denial of a motorized scooter, based on the 6/28/13 report from [REDACTED]. The 6/28/13 report states the patient is unchanged since last visit. severe sciatica and bilateral wrist pain. The patient was reported to be morbidly obese. The prior visit appears to be 5/17/13, and the patient was complaining of TMJ problems. She was considering CTS and gastric bypass surgery. She was reported to ambulate with an antalgic gait, slow gait and had pain with heel and toe walking.

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 Treatment Guidelines Power mobility devices (PMDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Power mobility devices (PMDs) Page(s): 99.

Decision rationale: MTUS states if there is any mobility with canes or other assistive devices, a motorized scooter is not essential to care. The patient was reported to be able to ambulate slowly without any assistive devices. She does not meet the MTUS criteria for a motorized scooter.