

Case Number:	CM13-0019893		
Date Assigned:	11/08/2013	Date of Injury:	02/13/1985
Decision Date:	08/01/2014	UR Denial Date:	08/27/2013
Priority:	Standard	Application Received:	09/04/2013

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 an 83 year old male who reported a long history of ongoing low back pain. A clinical note dated 06/23/06 indicated the injured worker previously undergoing L2 through S1 spinal fusion. The injured worker was presenting for the first post-operative visit. The injured worker stated he was doing well. Upon exam, the injured worker demonstrated 5/5 strength with intact sensation. The bone scan dated 07/10/13 revealed degenerative changes throughout the lumbar spine. Evidence of a prior lumbar fusion was identified. A clinical note dated 09/04/13 indicated the injured worker utilizing a rolling walker. The injured worker was requesting an electric scooter. A clinical note dated 09/11/13 indicated the injured worker continuing to use a walker for stability. The injured worker had following the previous May resulting left knee pain. The injured worker rated the ongoing pain 7/10. Range of motion deficits continued at the left knee as the injured worker demonstrated 10-125 degrees for range of motion. The operative note dated 11/07/13 indicated the injured worker undergoing lumbar fusion revision from L1 to S1. A magnetic resonance image of the cervical spine dated 12/24/13 revealed a spondylosis at C2-3 through C6-7 with severe degenerative changes at C5-6 and C6-7. X-rays of the left knee dated 09/12/13 revealed left knee prosthesis that was well seated at the femoral and tibial. The utilization review dated 08/28/13 resulted in denial as no information was submitted regarding specific need for assistive device including electric scooter.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 ELECTRIC SCOOTER: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guideline, Knee & Leg (Acute & Chronic).

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

Decision rationale: The clinical documentation indicates the injured worker having low back, neck, and left knee pain. An electric scooter is indicated provided that the injured worker meets specific criteria, including the inability to propel a manual wheelchair or a caregiver is available and is also willing and able to provide assistance with the manual wheelchair. The injured worker is currently ambulating with a rolling walker. Therefore, it appears the injured worker was able to propel a manual wheelchair sufficiently. Given this, the request for an electric scooter is not medically necessary.