

Case Number:	CM13-0021624		
Date Assigned:	11/13/2013	Date of Injury:	10/23/2009
Decision Date:	01/17/2014	UR Denial Date:	08/21/2013
Priority:	Standard	Application Received:	09/09/2013

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 & Rehabilitation and Pain Medicine 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. 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 patient reported a work-related injury on 10/23/2009, the mechanism of injury was not specifically stated. The patient presents for treatment of the following diagnosis, lumbar discogenic pain. The clinical note dated 08/07/2013 reports the patient is seen for follow-up under the care of [REDACTED]. The provider documents the patient continues to present with persistent low back pain and left lower extremity radiating symptoms that are intermittent. The patient reports continuing to struggle with activities of daily living. The patient lives with her sister and her sister's son. The patient reports she can only stand for 3 to 5 minutes max at a time before she has to sit down secondary to significant pain. The patient utilizes a front wheeled walker to get around in the home and finds it very difficult to take care of her hygiene such as showering and cooking. The provider documents the patient's current medication regimen includes Ultracet, Coreg, Lasix, digoxin, spironolactone, and lisinopril. The provider documents the patient is morbidly obese, and is utilizing a wheelchair on this clinical note. The provider documented the patient has ongoing tenderness to her lumbar spine with positive left lower extremity lift. The patient can ambulate very slowly for about 7 feet before she starts to breathe heavily and has increased back pain. The provider requested authorization for electric scooter for the patient as she is morbidly obese, a large one. The provider documents the patient has significant back pain as well as other comorbidities to include heart disease and morbid obesity. The provider documents the patient is very deconditioned secondary to this in conjunction with back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

electric scooter (large one): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 51, 132. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot Chapter and Low Back Chapter

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

Decision rationale: The current request is not supported. The clinical documentation submitted for review fails to provide evidence support for the patient to utilize a motor scooter secondary to low back pain and morbid obesity. The most recent clinical note submitted for review failed to evidence the patient lacked upper extremity motor deficits in which the patient could not utilize a walker or the ability to propel a manual wheelchair. California MTUS indicates power mobility devices are 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. Given all of the above, the request for electric scooter (large one) is not medically necessary or appropriate.

home health evaluation: 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(s): 51.

Decision rationale: The current request is not supported. The provider documents in the most recent clinical note submitted for review that the patient requires assistance with activities of daily living. However, California MTUS indicates, "home health services are recommended only for otherwise recommended medical treatment for patients who are homebound on a part-time or intermittent basis generally up to no more than 35 hours per week. Medical treatment does not include homemaker services like shopping, cleaning, and laundry and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed." Given all of the above, the request for home health evaluation is not medically necessary or appropriate.