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| Case Number: | CM13-0025300 | | |
| Date Assigned: | 03/14/2014 | Date of Injury: | 11/19/2001 |
| Decision Date: | 04/25/2014 | UR Denial Date: | 09/06/2013 |
| Priority: | Standard | Application Received: | 09/16/2013 |

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 Physical Medicine and Rehabilitation has a subspecialty in Interventional 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 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 patient is a 51 year-old female with a date of injury of 11/19/2001. The listed diagnoses per [REDACTED] are lumbar radiculopathy, root pain, depression with anxiety. According to the report dated 09/04/2013 by [REDACTED], the patient presents with low back pain. Examination reveals patient has a right sided antalgic gait that is slowed and assisted by a cane. Range of motion of the lumbar spine is restricted on all planes. Straight leg raise test is negative. Patient was not able to walk on heels or toes. Neck movements were restricted with pain. Spurling's maneuver produced no pain or radicular symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 4-WHEEL MOTORIZED SCOOTER, "GO GO" BRAND: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter

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

Decision rationale: For Power Mobility Devices, the MTUS Chronic Pain Medical Treatment Guidelines states the following, "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. Early exercise, mobilization and independence should be encouraged at all steps of the injury recovery process, and if there is any mobility with canes or other assistive devices, a motorized scooter is not essential to care." In this case, the treating physician has concerns of the patient's instability as she has fallen using a 3 wheel walker. However, none of the reports reviewed provide a clear picture of upper extremity weakness. The patient has had knee replacement, and lumbar surgery; therefore, lower extremity and back problems are understood. The patient has had CTR and DeQuervain's release and may experience residual pain in the upper extremities but the documentations do not provide significant weakness. The treating physician reports also do not go into the patient's family situation to determine whether or not someone is available to help this patient during community ambulation. The patient is only 51 and there does not appear to be any reason why the patient should not be able to participate in exercises to increase coordination, balance and strength. The MTUS Chronic Pain Medical Treatment Guidelines allows for power mobility devices when a manual wheel chair is not feasible due to upper extremity weakness and no one is available for help. Such is not demonstrated in this case. The request for a 4 wheel motorized scooter, Go Go brand is not medically necessary and appropriate.