

Case Number:	CM13-0032104		
Date Assigned:	06/13/2014	Date of Injury:	03/25/2010
Decision Date:	10/27/2014	UR Denial Date:	09/18/2013
Priority:	Standard	Application Received:	10/07/2013

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 72 year old with an injury date on 6/11/03. Patient complains of left knee pain with give-way, lower lumbar pain, cervical pain R > L, and bilateral wrist pain L > R per 7/23/14 report. Patient is advised to get a total knee replacement but is not psychologically or medically stable enough per 7/23/14 report. Based on the 7/23/14 progress report provided by [REDACTED] Young the diagnoses are 1. adult physical abuse (at the hands of the [REDACTED]); 2. Cervical disc disorder with myelopathy; 3. Cervical radiculopathy; 4. Derangement of knee; 5. Carpal tunnel syndrome; 6. Prolapsed lumbar intervertebral disc; 7. Posttraumatic headache; 8. Peripheral vertigo; 9. Depressive disorder; 10. Constipation. Exam on 7/23/14 showed "Limited ambulation with 4 wheel walker to approximately 10 feet. Needs to use scooter at grocery store. Moderate instability with warning less buckling of left leg." [REDACTED] is requesting automobile lift for motorized scooter. The utilization review determination being challenged is dated 9/5/14. [REDACTED] is the requesting provider, and he provided treatment reports from 7/23/14 to 9/24/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

1: FRP: continuous course inter-disciplinary treatment for additional forty (40) hours qty: 40.00: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs (Functional Restoration Programs) Page(s): 30-32, 49.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG: Knee Chapter, Power Mobility Devices.

Decision rationale: This patient presents with left knee pain, neck pain, back pain, bilateral wrist pain. The provider has asked for automobile lift for motorized scooter on 7/23/14. MTUS, ACOEM, and ODG do not discuss automobile lifts but power mobility devices are discussed. ODG states, "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." This patient has ambulation problems with ability to walk only 10 feet. The patient's mobility cannot be resolved by a cane or walker and the patient has weak upper extremity as well. The patient is 72 years old. The patient already has a scooter and the request is for a lift, which appears reasonable. Without a lift, the scooter would be useless. Therefore, the request is medically necessary.