

Case Number:	CM13-0052277		
Date Assigned:	12/27/2013	Date of Injury:	07/27/2006
Decision Date:	05/15/2014	UR Denial Date:	10/30/2013
Priority:	Standard	Application Received:	11/15/2013

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 Pain Medicine, and is licensed to practice in Oklahoma and 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 patient is a 56-year-old female who reported an injury on 7/27/06. The mechanism of injury was not provided for review. The patient's injury ultimately resulted in multiple fractures due to overuse. The patient's treatment history included physical therapy, medications, injections, activity modifications, and psychiatric support. The patient's most recent clinical evaluation revealed Charcot/arthrosis with tenderness to the joint of the right ankle causing pain and weakness and decreased range of motion. Evaluation of the patient's low back revealed limited range of motion secondary to pain and decreased sensation over the L5-S1 dermatomes. The patient's diagnoses included persistent radiculopathy of the right lower extremities status post lumbar fusion, Charcot of right ankle joint with severe joint erosion, impingement syndrome of the right shoulder, lateral epicondylitis of the right elbow, insulin dependent mellitus, cervicogenic headaches, and cervical spine musculoligamentous strain. The patient's treatment plan included an intramuscular injection of a B12 complex, a motorized scooter, referral to a gastroenterologist, and referral to an ankle specialist.

IMR ISSUES, DECISIONS AND RATIONALES

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

A JAZZY SERIES 6 MOTORIZED SCOOTER: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: The California MTUS does not recommend power mobility devices for patients who have ambulatory deficits that can be sufficiently resolved with lower levels of equipment. The clinical documentation submitted for review indicates that the patient is currently using a manual wheelchair to assist with ambulation deficits. The clinical documentation does not provide any evidence that the patient has upper extremity deficits that preclude the use of a manual wheelchair. Additionally, there is no documentation that the patient does not have a caregiver that could assist with the use of a manual wheelchair. Therefore, the need for a motorized scooter is not clearly established. As such, the requested Jazzy Series 6 motorized scooter is not medically necessary or appropriate.