

Case Number:	CM13-0053894		
Date Assigned:	02/21/2014	Date of Injury:	06/07/2006
Decision Date:	06/24/2014	UR Denial Date:	10/17/2013
Priority:	Standard	Application Received:	11/19/2013

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 Orthopedic Surgery, 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 injured worker is a 40 year old female injured at work on June 7, 2006 when a chair leg broke and she fell to the floor. She sustained injury to her left shoulder and cervical spine. Reports dated July 26, 2013, August 17, 2013, September 23, 2013, November 4, 2013 from her primary treating physician-orthopedic spine surgeon, progress notes August 1, 2013 from pulmonology and September 25, 2013 Weight loss/bariatric consultation have been reviewed. The injured worker has pulmonary function deficits requiring ongoing oxygen treatments and limitations of activities of daily living. The request is for an electric scooter for a diagnosis of obesity hypoventilation syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

ELECTRIC SCOOTER: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, POWER MOBILITY DEVICES (PMDs),

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

Decision rationale: Reports dated August 17, 2013 and September 23, 2013 by her primary treating physician document that during her agreed medical exam in March 2013, the patient denied being short of breath unless she exerted herself by "walking a distance". On November 4, 2013, the physical examination of the bilateral upper extremities documented 5/5 motor strength of the shoulder, elbows, wrists and fingers. Pulmonologist visit August 1, 2013 documents injured worker is "able to walk inside [REDACTED] but cannot walk inside [REDACTED]." The Weight loss/bariatric consult on September 25, 2013 documents the injured worker "can't walk [REDACTED] but can walk [REDACTED]." indicating there is independent ambulation. The request for an electric scooter is not medically necessary based on MTUS guidelines.