

Case Number:	CM13-0065622		
Date Assigned:	01/03/2014	Date of Injury:	03/12/2009
Decision Date:	05/19/2014	UR Denial Date:	12/06/2013
Priority:	Standard	Application Received:	12/13/2013

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 & Rehabilitation, has a subspecialty in Sports Medicine and is licensed to practice in 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 injured worker is a 74-year-old male who reported an injury on 03/12/2009. The mechanism of injury was not stated. Current diagnoses include status post right shoulder arthroscopy in 2009, chronic pain, shoulder pain, and lumbosacral spondylosis. The injured worker was evaluated on 10/28/2013. The injured worker reported 7/10 lower back pain with activity limitation. The injured worker reported 60% improvement with acupuncture treatment. Physical examination revealed normal ambulation without assistance. Treatment recommendations included additional acupuncture and a Golden Scooter motorized scooter model.

IMR ISSUES, DECISIONS AND RATIONALES

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

GOLDEN SCOOTER MOTORIZED SCOOTER- MODEL: COMPANION GC340 QTY: 1.00: Upheld

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

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

Decision rationale: The California MTUS Guidelines state power mobility devices are not recommended if the functional mobility deficit can be sufficiently resolved by the prescription of

a cane or a walker, or the patient has sufficient upper extremity function to propel a manual wheelchair, or there is a caregiver who is available and willing to provide assistance with a manual wheelchair. The injured worker does not appear to meet criteria for the requested durable medical equipment. There is no documentation of a functional mobility deficit that cannot be sufficiently resolved by the prescription of a cane or a walker. Physical examination revealed normal ambulation without assistance. The medical necessity for the requested durable medical equipment has not been established. Therefore, the request for Golden Scooter motorized scooter- model: Companion GC340 QTY: 1.00 is not medically necessary.