

Case Number:	CM14-0005401		
Date Assigned:	01/24/2014	Date of Injury:	07/28/2011
Decision Date:	06/19/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	01/13/2014

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 Management, 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:

Prior treatment history has included chiropractic therapy, acupuncture, massage therapy, physical therapy and hydrocodone, tramadol, Norco, omeprazole and naproxen. PR-2 dated December 19, 2013 documented the patient is attending therapy and it is helping. The patient is not working. Neck pain is constant. There is pain that radiates to both shoulders and into both shoulder blades down both arms to the fingers, right greater than left. There is cramping of fingers on both hands. There is tingling and numbness of all fingers while sitting and standing. She has numbness greater on thumb, 2nd and 3rd finger, especially when lying down. It feels like the symptoms are increasing to right arm/shoulder. She is using a cane in the right hand as she has increased pain to use the left. There is pain at the top of the head and pain at the top of the head on both sides. She feels like her left arm is pulling in. She has right wrist pain with use of a cane. Low back pain is constant stiffness that radiates into the buttocks with burning. The pain radiates around into the groin with burning. The burning pain increases with walking and standing. When she is walking she feels like her back is slow to catch up which causes her to lose her balance with spasms. There is numbness of all toes and both feet which increases with putting weight on just one leg and while standing. There is pain that goes down both legs to the feet and toes, left greater than right. She feels like her left foot and leg is pulling in. The left great toe does not go up or follow commands. She is dragging the left foot. She has difficulty getting up from sitting position with pain and shifting of hips and knees. Both hip pains continue. She feels like her hips "wobble" when she walks. Right knee pain is constant with popping and giving out. Objective findings on exam reveal knee extension is 180 degrees and flexion 120 degrees. Tender medially right knee. Crepitus medially and under patella, right knee. Positive McMurray's maneuver, medially, right knee. Treatment Plan: Awaiting authorization for motorized scooter. UR report dated December 23, 2013 did not certify the request for a

motorized scooter as the medical records do not clearly identify why this patient requires a scooter rather than the cane she is presently utilizing or possibly a manual wheelchair for longer outings.

IMR ISSUES, DECISIONS AND RATIONALES

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

MOTORIZED 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 Power Mobility Devices Page(s): 99.

Decision rationale: The Chronic Pain Medical Treatment Guidelines does not recommend a power mobility device as an option for mobility 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 wheelchair, or there is a caregiver who is available, willing, and able to provide assistance with a manual wheelchair. The medical records document that the patient has pain in her lower extremities with mobility, and is using a cane for some mobility. Further, the documents do not show any use of a manual wheelchair, rolling walker, or other form of assistive device. The request for a motorized scooter is not medically necessary or appropriate.