

Case Number:	CM14-0007065		
Date Assigned:	02/07/2014	Date of Injury:	02/29/2008
Decision Date:	07/14/2014	UR Denial Date:	12/30/2013
Priority:	Standard	Application Received:	01/15/2014

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 Occupational Medicine 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:

According to the records made available for review, this is a 64-year-old female with a 2/29/08 date of injury. At the time (12/13/13) of the request for authorization for motorized scooter, there is documentation of subjective (more difficulty in walking) and objective (none specified) findings. The current diagnosis is symptomatic spondylolisthesis. The treatment to date includes a walker which is breaking down. There is no documentation of a functional mobility deficit that cannot be sufficiently resolved by the prescription of a cane or walker. The patient has insufficient upper extremity function to propel a manual wheelchair, and there is no caregiver who is available, willing, or able to provide assistance with a manual wheelchair.

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: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The Chronic Pain Guidelines identifies documentation of a functional mobility deficit that cannot be sufficiently resolved by the prescription of a cane or walker, the

patient has insufficient upper extremity function to propel a manual wheelchair, and there is no caregiver who is available, willing, or able to provide assistance with a manual wheelchair, as criteria necessary to support the medical necessity of Motorized Wheelchair or Scooter. Within the medical information available for review, there is documentation of diagnoses of symptomatic spondylolisthesis. However, there is no documentation of a functional mobility deficit that cannot be sufficiently resolved by the prescription of a cane or walker. The patient has insufficient upper extremity function to propel a manual wheelchair, and there is no caregiver who is available, willing, or able to provide assistance with a manual wheelchair. Therefore, based on guidelines and a review of the evidence, the request for motorized scooter is not medically necessary.