

Case Number:	CM14-0105478		
Date Assigned:	07/30/2014	Date of Injury:	08/12/2010
Decision Date:	09/25/2014	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	07/08/2014

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 Anesthesiology, 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:

According to the records made available for review, this is a 64-year-old male with an 8/12/10 date of injury, and status post lumbar surgery and is undated. At the time (6/16/14) of request for authorization for a scooter purchase, there is documentation of subjective (back pain, cramps, limb pain, muscle spasms, finds he falls more often now, and can't balance, uses his scooter to prevent falls when he can) and objective (gait unsteady, wide-based gait, assisted by a walker, steppage lurching gait, very poor balance, and can't arise from chair without assistance, lumbar range of motion restricted, can't walk on heel or toes, tenderness noted over sacroiliac joint, 5/5 muscle strength, marked atrophy in bilateral hand intrinsic, sensation to pin prick decreased over upper limbs diffusely compared to lower limbs and trunk on both sides, all reflexes hyperreflexic, and positive Hoffman's sign). Findings and current diagnoses are lumbar post laminectomy and spinal stenosis of site not elsewhere classified, and treatment to date and medications included ongoing treatment with Tramadol and Cymbalta. Medical report identifies scooter will allow him to perform some day to day activities like, shopping, going out for meals, and visits to doctors, the previous non-powered wheelchair was non-usable due to wrist weakness, and his current 4 month rental for a scooter has expired. There is no documentation that there is no caregiver who is available.

IMR ISSUES, DECISIONS AND RATIONALES

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

Scooter (purchase): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Power Mobility Devices Page(s): 132.

Decision rationale: MTUS Chronic Pain Medical Treatment 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 lumbar post laminectomy and spinal stenosis of site not elsewhere classified. In addition, given documentation of subjective (he falls more often now and can't balance) and objective (gait unsteady, wide-based gait, assisted by a walker, steppage lurching gait, very poor balance) findings and a rationale that previous non-powered wheelchair was non-usable due to wrist weakness, there is documentation of a functional mobility deficit that cannot be sufficiently resolved by the prescription of a cane or walker and the patient has insufficient upper extremity function to propel a manual wheelchair. However, there is no documentation that there is no caregiver who is available. Therefore, based on guidelines and a review of the evidence, the request for Scooter (purchase) is not medically necessary.