

Case Number:	CM14-0120251		
Date Assigned:	08/06/2014	Date of Injury:	01/12/1994
Decision Date:	09/11/2014	UR Denial Date:	06/30/2014
Priority:	Standard	Application Received:	07/30/2014

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 Georgia. 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 claimant is a 57 year old male presenting with chronic low back pain following a work related injury on 1/12/1994. The claimant has tried surgery, physical therapy, chiropractic care, TENs unit, and medications. On 06/12/2014, the physical exam showed back pain, mild tenderness and positive straight leg raise. The claimant was diagnosed with mechanical back pain with herniated nucleus pulposus and epidural fibrosis. A claim was made for a scooter.

IMR ISSUES, DECISIONS AND RATIONALES

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

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: Per MTUS Guidelines, power mobility devices such as a motorized scooter is not recommended if the functional mobility deficit can be sufficiently resolved by the prescription of a cane, walker, or the patient has sufficient upper extremity function to propel a manual wheelchair, or there is a caregiver who is available, willing, and able to provide assistance with a manual wheelchair. Early exercise, mobilization and independence should be

encouraged at all steps of the injury recovery process, and if there is any mobility with canes or other assistive devices, a motorized scooter is not essential to care. There is lack of documentation in the medical records that the claimant does not have sufficient upper extremity strength either to use a cane, walker or manual wheelchair; therefore, the request for a motorized scooter is not medically necessary.