

Case Number:	CM14-0127697		
Date Assigned:	08/15/2014	Date of Injury:	05/24/2001
Decision Date:	09/15/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	08/12/2014

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 and is licensed to practice in Nevada. 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 records presented for review indicate that this 61-year-old gentleman was reportedly injured on May 24th 2001. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated June 9, 2014, indicates that there are ongoing complaints of lumbar spine pain. The physical examination demonstrated precarious ambulation with the use of a four wheeled walker. There was a normal lower extremity neurological examination. No muscle spasms were noted. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes a T10 through S1 fusion, and an Intrathecal pain pump. A request had been made for a motorized scooter and was not certified in the pre-authorization process on July 15, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Motorized Scooter: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Power Mobility Devices (PMDs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg (Acute and Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Powered Mobility Devices, Updated July 10, 2014.

Decision rationale: According to the Official Disability Guidelines a powered mobility device such as a scooter is not recommended if function mobility deficit can be sufficiently resolved with the use of a cane or walker or if the injured employee has sufficient upper extremity function to propel a manual wheelchair. According to the attached medical record, the injured employee is able to ambulate with the assistance of a walker. Therefore this request for a motorized scooter is not medically necessary.