

Case Number:	CM14-0129223		
Date Assigned:	08/18/2014	Date of Injury:	07/16/1999
Decision Date:	09/23/2014	UR Denial Date:	07/29/2014
Priority:	Standard	Application Received:	08/13/2014

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 & Rehabilitation and Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 injured worker is a 68-year-old female, who reported an injury on 07/16/1999; the mechanism of injury was not provided. On 08/13/2014, the injured worker presented with neck, low back, shoulder, and knee pain. Upon the examination, the injured worker was morbidly obese and moved slowly, and ambulates with the use of a cane. There was tenderness to the cervical, lumbar, and thoracic paraspinal muscles with decreased range of motion in all planes. The diagnoses were status post right shoulder surgery for repair of rotator cuff 10/17/2009; chronic low back pain; history of left carpal tunnel release; chronic neck/bilateral upper extremity worse on the right side pain; left shoulder pain; total knee replacement for the right knee; nonindustrial breast cancer; and, multiple recurrent cellulitis infections of the lower extremities. Her therapy included surgery and medications. The provider recommended a motorized scooter; the provider's rationale is not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Victory 9.4-wheel, candy apple red-victory 9 SC 709 (motorized scooter): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Power mobility devices.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Power Mobility Devices.

Decision rationale: The request for Victory 9.4-wheel, candy apple red-victory 9 SC 709 (motorized scooter) is not medically necessary. The Official Disability Guidelines do not recommend powered mobility devices if the functional mobility deficit can be sufficiently resolved by the prescription of a cane or walker, or the injured worker 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, as all are 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. The included medical documentation states the injured worker ambulates with the use of a cane, is able to walk about a quarter of a city block before having to stop and sit down. There is lack of evidence of instability or the injured worker's inability to be self-sufficient and mobile. As such, a medical necessity has not been established.

High back deluxe contoured 18" D-victory seating: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary request is not medically necessary, none of the associated services are medically necessary.