

Case Number:	CM14-0129550		
Date Assigned:	08/18/2014	Date of Injury:	06/18/1998
Decision Date:	09/18/2014	UR Denial Date:	08/01/2014
Priority:	Standard	Application Received:	08/14/2014

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 injured worker is a 64-year-old gentleman who was reportedly injured on June 18, 1998. The mechanism of injury is not listed in these records reviewed. The most recent progress note dated June 23, 2014, indicates that there are ongoing complaints of low back pain radiating to the left lower extremity. The physical examination demonstrated a short unsteady antalgic gait. There was tenderness at the lumbar sacral junction without spasms. And decreased sensation along the left lower posterolateral leg. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes multiple lumbar spine surgeries, acupuncture, physical therapy, and oral medications. A request was made for a motorized scooter and was not certified in the pre-authorization process on August 1, 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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & leg (Acute & Chronic). 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), Pain, Power Mobility Devices, Updated July 10, 2014.

Decision rationale: According to the Official Disability Guidelines a power mobility device is not recommended if the 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. A review of the attached medical record indicates that the injured employee uses a combination of both the Walker and a manual wheelchair for ambulation. Considering this, the request for a motorized scooter is not medically necessary.