

Case Number:	CM14-0131381		
Date Assigned:	08/20/2014	Date of Injury:	11/07/2008
Decision Date:	10/01/2014	UR Denial Date:	08/13/2014
Priority:	Standard	Application Received:	08/18/2014

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 Emergency Medicine and is licensed to practice in Texas. 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 60 year old male with a reported date of injury on 11/07/2008. The mechanism of injury was not provided. The injured worker's diagnoses included chronic musculoligamentous sprain/strain of the lumbosacral spine with residual left greater than right lower extremity radiculitis secondary to underlying degenerative disc disease, status post lumbar fusion at L5-S1 x 2 with questionable adjacent segment disorder. No pertinent previous treatment or diagnostic testing was provided. The injured worker's surgical history included two lumbar fusions at L5-S1, dates not provided. On 07/17/2014 the clinician reported that the injured worker was able to ambulate no more than 2-3 blocks at the maximum and used rental three wheeled scooters for longer distances. The clinician observed a mildly antalgic, broad based gait with the assistance of a cane, motor testing was 5/5 in all lower extremity muscle groups bilaterally, sensory testing was diminished in an L5 distribution on the left with an allodynic component, and reflexes were 2+ in the bilateral lower extremities. The injured worker's medications included OxyContin 40 mg every 8 hours, OxyContin 5 mg up to 5 per day as needed for breakthrough pain, and Cymbalta for mood and attempted pain control. The request was for a [REDACTED] three wheel scooter model [REDACTED]. The rationale for this request was that the scooter could be assembled, disassembled, placed in the truck, and managed in the park which would make it more convenient. The request for authorization form was undated.

IMR ISSUES, DECISIONS AND RATIONALES

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

[REDACTED] three wheel scooter model [REDACTED]: 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 (PMDs Page(s): 99.

Decision rationale: The request for a [REDACTED] three wheel scooter model [REDACTED] is not medically necessary. The injured worker was observed to be able to walk up to three blocks with the use of a cane. The California MTUS Chronic Pain Guidelines do not recommend power mobility devices if the functional mobility deficit can be sufficiently resolved by the prescription of a cane or walker. 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. The injured worker was encouraged to remain active with weight loss and decreased dependence on medications as goals. There is a lack of documentation demonstrating the injured worker has significant objective functional deficits which cannot be accommodated with a cane, walker, or manual wheelchair. There is no evidence that the injured worker has significantly impaired mobility. Therefore, the request for a [REDACTED] three wheel scooter model [REDACTED] is not medically necessary.