

Case Number:	CM14-0156612		
Date Assigned:	09/26/2014	Date of Injury:	02/18/2007
Decision Date:	10/31/2014	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	09/24/2014

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 Occupational Medicine and is licensed to practice in California. 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 applicant is a represented [REDACTED] laborer who has filed a claim for major depressive disorder, anxiety disorder, insomnia, panic attacks, and chronic low back pain reportedly associated with an industrial injury of February 18, 2007. Thus far, the applicant has been treated with the following: Analgesic medications; multiple prior lumbar spine surgeries; psychotropic medications; psychological counseling; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated August 27, 2014, the claims administrator failed to approve a request for a motorized scooter and/or electric wheelchair. The applicant's attorney subsequently appealed. In an August 13, 2014 telephone consultation, the applicant was described as currently residing at a nursing home owing to development of a pulmonary embolus and myocardial infarction. The applicant was apparently in the process to trying to rehabilitate the same. In an August 11, 2014 progress note, the applicant reported persistent complaints of low back pain. The applicant had reportedly been placed on Coumadin after having developed a PE (pulmonary embolism). The applicant's myocardial infarction was reportedly treated medically (non-interventionally). 9-10/10 low back and bilateral shoulder pain was reported. The applicant was using Norco, Medrol, and Voltaren gel, it was stated. The applicant was reportedly present in a wheelchair. One of the applicant's stated diagnoses included a foot drop, it was stated. It was stated that the applicant would likely require further spine surgery but that the applicant's recent development of a pulmonary embolus and/or myocardial infarction would make it difficult for him to undergo surgery currently. The attending provider suggested that the applicant receive a motorized scooter and/or an electric wheelchair for mobility purposes until such time as the applicant would receive surgery. The attending provider did not characterize the applicant's gait in any great degree other than to note that the applicant presented in a wheelchair. In an April 18, 2014 psychiatry note, the applicant

was described as having a variety of mental health issues, including depression, insomnia, diminished appetite, panic attacks, etc. The applicant was given refills for Celexa, Desyrel, and Ambien. It was stated that the applicant was having issues with lack of transportation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Motorized scooter and/ or electric wheelchair.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Power mobility devices (PMDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Power Mobility Devices topic. Page(s): 99.

Decision rationale: As noted on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines, power mobility devices such as the motorized scooter/electric wheelchair in question are not recommended if an applicant's functional mobility deficits can be sufficiently resolved through usage of a cane, walker, and/or manual wheelchair. In this case, it has not been clearly established why the applicant cannot propel a manual wheelchair, despite issues with depression, anxiety, shoulder pain, myocardial infarction, etc. The attending provider did not characterize the applicant's gait on an office visit of August 11, 2014. It was not stated why the applicant could not employ a cane and/or conventional walker. It is further noted that the applicant was described as using a wheelchair on the August 11, 2014 office visit, calling into question the need for a second wheelchair and/or motorized scooter. Therefore, the request is not medically necessary.