

Case Number:	CM14-0164456		
Date Assigned:	10/09/2014	Date of Injury:	02/21/2011
Decision Date:	11/10/2014	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	10/07/2014

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, has a subspecialty in Internal 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:

According to the records made available for review, this is a 40-year-old male with a 2/21/11 date of injury. At the time (9/25/14) of request for authorization for 1 Occupational Therapy and mobility specialist assessment, there is documentation of subjective (back, neck, and right shoulder blade pain) and objective (tenderness over left knee as well as lumbar spine and instability of left knee) findings. Current diagnoses are lumbar/thoracic sprain, degeneration of thoracolumbar intervertebral disc, neck sprain, and displacement of lumbar intervertebral disc without myelopathy, and treatment to date includes injections, chiropractic treatment, massage therapy, and medications. Medical report identifies the request for occupational therapy and mobility specialist assessment for his home and mobility devices to find what scooter or other device will work best. In addition, medical report identifies that patient feels worse, avoids lifting, and does not do more extensive shopping. There is no documentation of a functional mobility deficit that cannot be sufficiently resolved by the prescription of a cane or walker. The patient has insufficient upper extremity function to propel a manual wheelchair, and there is no caregiver available, willing, or able to provide assistance with a manual wheelchair.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Occupational Therapy and mobility specialist assessment: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, (ODG), Treatment Index, 11th Edition (web), 2014, pain, power mobility devices (PMDs)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Power Mobility Devices Page(s): 132.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines identify criteria necessary to support the medical necessity of Motorized Wheelchair or Scooter, including documentation of a functional mobility deficit that cannot be sufficiently resolved by the prescription of a cane or walker, documentation that the patient has insufficient upper extremity function to propel a manual wheelchair, and there is no caregiver who is available, willing, or able to provide assistance with a manual wheelchair. Within the medical information available for review, there is documentation of diagnoses of lumbar/thoracic sprain, degeneration of thoracolumbar intervertebral disc, neck sprain, and displacement of lumbar intervertebral disc without myelopathy. In addition, there is documentation of a request for occupational therapy and mobility specialist assessment for his home and mobility devices to find what scooter or other device will work best. However, despite documentation that the patient feels worse, avoids lifting, and does not do more extensive shopping, there is no (clear) documentation of a functional mobility deficit that cannot be sufficiently resolved by the prescription of a cane or walker or that the patient has insufficient upper extremity function to propel a manual wheelchair. In addition, there is no documentation that there is no caregiver available, willing, or able to provide assistance with a manual wheelchair. Therefore, based on guidelines and a review of the evidence, the request for 1 Occupational Therapy and mobility specialist assessment is not medically necessary.