

Case Number:	CM14-0030208		
Date Assigned:	06/20/2014	Date of Injury:	09/26/2002
Decision Date:	07/18/2014	UR Denial Date:	02/20/2014
Priority:	Standard	Application Received:	03/10/2014

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 Orthopedic Surgery 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 injured worker is a 61 year-old female injured on 9/26/2002. The mechanism of injury is noted as a work related injury while pushing books. The most recent progress note, dated 5/5/2014 indicates that there are ongoing complaints of low back pain, bilateral buttock and leg pain. The physical examination demonstrated no acute distress, neck: nontender, normal range of motion, musculoskeletal: diffuse pain upon palpation across the muscles and midline of the lower 2/3 of the L spine, muscular twitch noted, minimal flexion/extension. Well healed surgical incisions. Bilateral lower legs muscle strength 5/5. Diagnostic imaging studies include CT scan of the lumbar spine which reveals solid fusion L3-S1 without hardware failure. Previous treatment includes surgery-lumbar fusion, medications: Celebrex, Cymbalta, AcipHex, Lyrica, Lidoderm patch, Imitrex, Oxycodone, Trazodone and Voltaren. A request had been made for Motorized scooter and was not certified in the pre-authorization process on 2/20/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Motorized scooter: Upheld

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

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

Decision rationale: The request is for a motorized scooter or Power mobility devices (PMDs) which is not recommended by Chronic Pain Medical Treatment Guidelines if the functional mobility deficit can be sufficiently resolved by the prescription of a cane or walker. The patient has sufficient upper extremity function to propel a manual wheelchair or there is a caregiver who is available and able to provide assistance with a manual wheelchair. 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 request is not medically necessary.