

Case Number:	CM14-0035850		
Date Assigned:	06/23/2014	Date of Injury:	02/28/2006
Decision Date:	08/07/2014	UR Denial Date:	03/05/2014
Priority:	Standard	Application Received:	03/24/2014

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 Internal Medicine and Emergency Medicine and is licensed to practice in Florida. 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:

This patient is a 55 year-old with a date of injury of 02/28/05. A progress report associated with the request for services, dated 02/24/14, identified subjective complaints of low back pain into the legs. Objective findings included tenderness to palpation of the lumbar spine. She has strength decreased to 4/5 and diminished sensation. She is able to use a 4-wheel walker for 5-10 minutes. Diagnoses included post lumbar laminectomy syndrome; left-sided lumbar radiculopathy; cervical disc disease; and right knee meniscal tear. Treatment has included exercises, NSAIDs, oral analgesics and an epidural steroid injection. A Utilization Review determination was rendered on 03/05/14 recommending non-certification of "Motor scooter for community ambulation".

IMR ISSUES, DECISIONS AND RATIONALES

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

Motor scooter for community ambulation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines power mobility devices Page(s): 99.

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

Decision rationale: The Medical Treatment Utilization Schedule (MTUS) Guidelines state that power mobility devices (electric wheelchairs) are not recommended if any of the following:-The 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.-There is a caregiver who is available, willing, and able to provide assistance with a manual wheelchair.They further note if there is any mobility with canes or other assistive device, a motorized scooter is not essential to care.In this case, the patient is ambulatory with a walker. Therefore, there is no documentation in the record for the medical necessity of a motorized scooter.