

Case Number:	CM14-0036984		
Date Assigned:	06/25/2014	Date of Injury:	12/07/2006
Decision Date:	07/23/2014	UR Denial Date:	03/10/2014
Priority:	Standard	Application Received:	03/27/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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:

This is a patient with a date of injury of 12/7/06. A utilization review determination dated 3/10/14 recommends non-certification of a larger motor for scooter. A 6/23/14 medical report identifies that the patient is unable to drive with the use of her pain medication and she is discontinuing it in order to drive to her appointments. When going grocery shopping, she is utilizing her scooter so as to avoid driving her car. This has caused a stress on the motor and the scooter is starting to fail. A 2/24/14 medical report identifies neck and low back pain radiating into the right lower extremity, bilateral shoulder pain, bilateral hand pain, bilateral foot pain, bilateral knee pain, and weakness. On exam, non-specific tenderness and limited range of motion (ROM) is noted. A larger motor for the scooter is recommended along with a lift for her truck to carry the scooter. A walker with seat was also requested, as the prior one was stolen. A 1/13/14 medical report notes that a request for transportation to medical appointments was withdrawn after reviewing video surveillance on 10/25/13, although the reasons were not documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of a large motor for scooter: 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 Chronic Pain Guidelines indicate that power mobility devices are not recommended if the functional mobility deficit can be sufficiently resolved by the prescription of a cane or walker, or the patient has sufficient upper extremity function to propel a manual wheelchair, or there is a caregiver who is available, willing, 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. Within the documentation available for review, there is documentation that the patient is able to utilize a walker. Additionally, there is no indication as to why the motor is believed to be failing. The request is apparently for the purpose of going to the grocery store, noting that the patient cannot drive while utilizing pain medication, but the documentation does not identify why other forms of public or private transportation are not feasible. It should also be noted that a prior recommendation for transportation was withdrawn by one of the patient's providers after reviewing video surveillance, although the reasons for withdrawal were not documented. Given all of the above, there is no clear indication for a larger motor. In the absence of clarity regarding these issues, the currently requested purchase of a large motor for scooter is not medically necessary.