

Case Number:	CM14-0038707		
Date Assigned:	06/27/2014	Date of Injury:	04/18/2008
Decision Date:	09/09/2014	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	04/02/2014

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 patient is a 67-year-old female, who has submitted a claim for cervical pain syndrome; cervical degenerative disc disease; right shoulder rotator cuff tear; acromioclavicular arthritis; glenohumeral osteoarthritis; right elbow lateral epicondylitis; right distal radius fracture associated; recurrent lumbar strain; lumbar degenerative disc disease and stenosis with an industrial injury date of April 18, 2008. Medical records from 2014 were reviewed, which showed that the patient complained of low back pain. On physical examination, patient's gait was observed to be antalgic. Examination of the lumbar spine showed moderate spasm of the paralumbar region, right greater than left. Active range of motion (AROM) as follows: flexion at 40% of normal; extension at 60% of normal; right lateral flexion at 60% of normal and left lateral flexion at 70% of normal. SLR (Straight Leg Raise) is positive bilaterally at 70 degrees in sitting position causing buttock, posterior thigh and calf pain. Examination of the thoracic spine showed tenderness in the lower thoracic region, more on the right than the left and mid muscle spasm. Thoracic rotation to the right is 90% and to the left is 100%. Tenderness is present in the cervical region, thoracic region and lumbar region. Back and abdominal strength is diminished. Right shoulder impingement and AC joint testing is positive. There was swelling and tenderness of the right wrist, but the joint is stable. Right thenar atrophy was noted. There was tenderness in the right basal joint and 1+ laxity. MRI of the cervical spine done on February 8, 2014 showed extensive degenerative disc and joint changes throughout lumbar spine with associated spinal stenosis and bilateral narrowing of the foramina. Treatment to date has included medications and ORIF (open reduction and internal fixation) of the right radius. Utilization review from March 13, 2014 denied the request for Lift Chair for Scooter because there was no indication for the use of the scooter.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lift Chair for Scooter: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Power mobility devices Page(s): 114.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2, Power Mobility Devices Page(s): 132.

Decision rationale: As stated on page 132 of CA MTUS Chronic Pain Medical Treatment Guidelines, 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. In this case, the patient was given power mobility device; however, records reviewed do not support the indication for a power mobility device. Progress note dated March 3, 2014 revealed that the patient verbalized, she "does not need an ambulatory aid at home." Moreover, the patient can walk one half block on a flat surface independently. Therefore, the request for Lift Chair for Scooter is not medically necessary.