

Case Number:	CM14-0061337		
Date Assigned:	07/09/2014	Date of Injury:	04/05/1971
Decision Date:	08/21/2014	UR Denial Date:	04/14/2014
Priority:	Standard	Application Received:	05/02/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 82-year-old male who was reportedly injured on April 5, 1971. The mechanism of injury was not listed in these records reviewed. The most recent progress note dated February 27, 2014, indicated that there were ongoing complaints of low back pain radiating to the bilateral lower extremities. The physical examination demonstrated full range of motion of the lumbar spine. There were tenderness along the lumbar paraspinal muscles and some decreased to light touch at the posterior aspect of the left lower extremity. There was a negative straight leg raise test. Diagnostic imaging studies were not commented on. Previous treatment included a spinal fusion and decompression in 1971 and 1975, as well as subsequent lumbar epidural steroid injections in 2010. The injured employee also attended 12 sessions of physical therapy in 2011. A request was made for a scooter and was not medically necessary in the pre-authorization process on April 7, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Scooter: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg, Power Mobility Devices, updated June 5, 2014.

Decision rationale: According to the most recent progress note dated February 27, 2014, and other notes prior, there was no documentation regarding difficulty with ambulation on physical examination, nor was there any mention of the injured employee using any ambulation aids such as a cane or a walker. Considering this, it is unclear why there is a request for a scooter at this time. Without additional information and justification, this request for a scooter is not medically necessary.