

Case Number:	CM14-0065004		
Date Assigned:	07/11/2014	Date of Injury:	05/20/1999
Decision Date:	09/18/2014	UR Denial Date:	04/24/2014
Priority:	Standard	Application Received:	05/08/2014

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 & Rehabilitation 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:

59 yr. old female claimant sustained a work injury on 5/20/99 involving the low back She was diagnosed with lumbar radiculopathy and had undergone epidural steroid injections. Her pain had been managed with oral opioids. A progress note on 4/2/14 indicated the claimant has continued 7/10 back pain. She is non-ambulatory and uses a scooter to move. Exam findings include pain with lumbar facet loading. The treating physician continued her analgesics and requested a new mobility chair since the current one was non-functional.

IMR ISSUES, DECISIONS AND RATIONALES

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

Mobility Chair: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Power mobility devices (PMDs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Power Mobility Device (PMD) and Page(s): 99.

Decision rationale: According to the MTUS guidelines, PMD is 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. The exam findings did not indicate the claimant was unable to use a non-motorized mobility device. In addition, the details of the prior scooter malfunction was not provided. Indications that it is not repairable was not noted. Therefore, the request for a new mobility chair is not medically necessary.