

Case Number:	CM14-0075112		
Date Assigned:	07/16/2014	Date of Injury:	07/27/2006
Decision Date:	09/16/2014	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	05/22/2014

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 Anesthesiology 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:

According to the records made available for review, this is a 56-year-old female with a 7/27/06 date of injury, status post lumbar microdiscectomy on 4/16/07 and status post lumbar fusion on 11/9/09. At the time (3/6/14) of request for authorization for Jazzy Series 6 Motorized scooter, there is documentation of subjective (difficulty performing activities of daily living) and objective (right ankle Charcot deformity with tenderness over the joint, patient in wheelchair, antalgic gait, decreased lumbar range of motion, and decreased L5-S1 sensation) findings, current diagnoses (residuals of decompression and subsequent lumbar spine fusion, persistent radiculopathy of the right lower extremity, Charcot right ankle joint with severe joint erosion, and right shoulder impingement syndrome), and treatment to date (lumbar decompression and fusion, and medications). In addition, medical report identifies that the patient is almost completely non-ambulatory and that her condition is deteriorating. There is no documentation that the patient has insufficient upper extremity function to propel a manual wheelchair, and there is no caregiver who is available, willing, or able to provide assistance with a manual wheelchair.

IMR ISSUES, DECISIONS AND RATIONALES

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

Motorized scooter, Jazzy Series 6: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability guidelines.

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

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of a functional mobility deficit that cannot be sufficiently resolved by the prescription of a cane or walker, the patient has insufficient upper extremity function to propel a manual wheelchair, and there is no caregiver who is available, willing, or able to provide assistance with a manual wheelchair, as criteria necessary to support the medical necessity of Motorized Wheelchair or Scooter. Within the medical information available for review, there is documentation of diagnoses of residuals of decompression and subsequent lumbar spine fusion, persistent radiculopathy of the right lower extremity, Charcot right ankle joint with severe joint erosion, and right shoulder impingement syndrome. In addition, there is documentation of a functional mobility deficit that cannot be sufficiently resolved by the prescription of a cane or walker. However despite documentation that that the patient is almost completely non-ambulatory and that her condition is deteriorating, and given documentation of objective findings (patient in wheelchair), there is no (clear) documentation that the patient has insufficient upper extremity function to propel a manual wheelchair, and there is no caregiver who is available, willing, or able to provide assistance with a manual wheelchair. Therefore, based on guidelines and a review of the evidence, the request for Jazzy Series 6 Motorized scooter is not medically necessary.