

Case Number:	CM14-0078064		
Date Assigned:	09/05/2014	Date of Injury:	06/16/1999
Decision Date:	10/08/2014	UR Denial Date:	05/14/2014
Priority:	Standard	Application Received:	05/28/2014

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 Internal 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 injured worker is a 66-year-old male with a reported date of injury on 06/16/1999. The mechanism of injury was noted to be from cumulative trauma. His diagnoses were noted to include C5-6 and C6-7 severe disc space degeneration, cervical radiculopathy, thoracic disc degeneration at T5-6, T6-7, T7-8, and T8-9, lumbar radiculopathy, 2 mm disc bulge, L2-3, without stenosis, 4 mm disc bulge at L3-4, L4-5, and L5-S1 with stenosis, annular tear to L5-S1, spondylosis at C2-3 through C6-7, posterior osteophyte disc complex at C4-5, C5-6, and C6-7, and disc protrusion at C2-3 and C3-4. Previous treatments were noted to include radiofrequency ablation, transforaminal epidural steroid injection, a single point cane, and medications. The progress note dated 05/01/2014 revealed increased pain and weakness to the low back and lower extremities. The injured worker indicated that walking had become more difficult and painful even for short distances. The injured worker requested a motorized scooter to help him remain as independent as possible. The physical examination revealed that over the course of the last several years, the injured worker had lost approximately 25 pounds, most being muscle mass. The injured worker was very thin, drawn musculature in the lower extremities and a rigid guarded spine. The injured worker utilized a single point cane for support when ambulating and the range of motion was 20% of normal when he stood and ambulated with a forward flexed posture. The strength was reduced to 4/5 in strength; however, not just motor strength, but endurance was significantly impaired. The provider reported the injured worker had spinal stenosis at multiple segments in his spine and it impaired his ability to perform prolonged activity such as walk for long distances or even to his mailbox in the apartment complex. The injured worker had increased feelings of isolation and of being trapped in his home. The request for authorization form dated 05/01/2014 was for a motorized scooter to improve his mobility. The request for authorization form for the Functional Capacity Evaluation was not submitted

within the medical records; however, the provider indicated if the power scooter was not approved to obtain a Functional Capacity Evaluation to get a current evaluation of his physical capacities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Power scooter: Upheld

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

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

Decision rationale: The request for a power scooter is not medically necessary. The injured worker utilizes a single point cane for ambulation; however, has low endurance and functionality of his upper extremities. The California Chronic Pain Medical Treatment Guidelines do not recommend if the functional mobility deficit can be sufficiently resolved by the prescription of a cane or walker, or the patient have 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 exercises, mobilization, and independence should be encouraged in all studies 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 injured worker utilizes a cane for mobility and the guidelines state if there is any mobility with a cane or other assistive devices, a motorized scooter is not essential to care. Therefore, the request is not medically necessary.

FCE (functional capacity evaluation): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 48.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Fitness for Duty, Functional Capacity Evaluation.

Decision rationale: The request for FCE (Functional Capacity Evaluation) is not medically necessary. The injured worker complains of low endurance and mild weakness, ambulation with a cane and was medically disabled. The Official Disability Guidelines recommend a Functional Capacity Evaluation prior to admission to a work hardening program, with preference for assessment tailored to a specific task or job. Not recommended for routine use as part of an occupational rehab or screening, or generic assessments in which the question is whether someone can do any type of job generally. The guidelines for performing an FCE are recommended prior to admission to a work hardening program, with preference for assessments to a specific task or job. If the worker is actively participating in determining the stability of her particular job, the FCE is more likely to be successful. An FCE is not as effective when the

referral is less collaborative and more directive. It is important to provide as much detail as possible about the potential job to the assessor. Job specific FCEs are more helpful than general assessments. The report should be accessible to all return to work participants. Consider an FCE if case management is hampered by complex issues such as prior unsuccessful return to work attempts, conflicting medication reporting on precautions and/or fitness for modified job, injuries that require detailed exploration of the worker's abilities. The timing is appropriate such as at close or maximum medical improvement/all key medical reports secured and additional/secondary conditions clarified. Do not proceed with an FCE if the sole purpose is to determine a worker's effort or compliance or if the worker has returned to work and an ergonomic assessment has not been arranged. The injured worker was retired in 1999 and there is a lack of documentation regarding a requested admission to the work hardening program to warrant an FCE. Therefore, the request is not medically necessary.