

Case Number:	CM14-0084047		
Date Assigned:	07/21/2014	Date of Injury:	08/12/2010
Decision Date:	09/16/2014	UR Denial Date:	05/22/2014
Priority:	Standard	Application Received:	06/05/2014

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, has a subspecialty in Interventional Spine, 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 64-year-old male with an injury date on 08/12/2010. Based on the 05/13/2014 progress report provided by [REDACTED], the diagnoses are lumbar post laminectomy and spinal stenosis of site not elsewhere classified. According to this report, the patient complains of back pain, cramps, limb pain, and muscle spasms. The patient also complains loss of balance and is falling more often now. The patient gait is unsteady and is assisted by a walker. Exam findings indicate restricted lumbar range of motion. Positive heel and toes walks. Tenderness is noted over the sacroiliac joint. Sensation of pin pricks is decreased over the upper limbs bilaterally. Positive Hoffman's test is noted. Deep tendon reflexes are all hyperreflexic. There were no other significant findings noted on this report. The Utilization Review denied the request on 05/22/2014. [REDACTED] is the requesting provider, and she provided treatment reports from 10/03/2013 to 06/16/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME (Durable Medical Equipment): Scooter (purchase), per 05/13/14 form QTY:1.00:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Power Mobility Devices Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG guidelines has the following: Power mobility devices: 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. See the Knee Chapter.

Decision rationale: According to the 05/13/2014 report by [REDACTED] this patient presents with of back pain, cramps, limb pain, and muscle spasms. The patient also complains loss of balance and is falling more often now. The treater is requesting DME: 1 scooter purchase per 5/13/2014. Regarding Power Mobility Devices, MTUS guidelines state "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." Review of reports show no functional mobility deficit and the patient is using a walker to move about. MTUS further state "if there is any mobility with canes or other assistive devices, a motorized scooter is not essential to care." Recommendation is that this request is not medically necessary.