

Case Number:	CM14-0087189		
Date Assigned:	07/23/2014	Date of Injury:	04/24/2007
Decision Date:	09/25/2014	UR Denial Date:	05/12/2014
Priority:	Standard	Application Received:	06/10/2014

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 Medicine and is licensed to practice in Texas. 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 63 year old male who was injured on 04/24/07 when he struck his head against a box with relatively strong force. The injured worker noted immediate pain and developed acute quadriplegia. The injured worker is status post decompression by laminotomy at C3 and C4 and posterior fusion of C2-5 performed on 05/08/07. The injured worker developed a dural tear causing cerebral spinal fluid leakage requiring a reoperation. The injured worker developed subsequent meningitis requiring further readmission for prolonged treatment. The injured worker complains of pain in the neck, left shoulder and upper extremity, low back pain radiating to bilateral lower extremities, tingling in the toes, constant stomach pain and a fear of falling. The injured worker is diagnosed with cervical disc displacement and myelopathy nec. Treatment has included physical therapy and medication management. Clinical note dated 04/02/14 indicates the injured worker had not been seen for follow up since 10/2013. This note includes the claimant report of frequent tripping and subsequent falling due to his left foot dragging. Observation notes the injured worker's left shoe is worn. Fecal incontinence and depression with intermittent suicidal ideations is also reported. A review of symptoms on this date reveals reported balance problems and weakness. It is noted the injured worker ambulates with the use of a single-point cane. A request for a motorized scooter is denied by utilization review. Appeal letter dated 05/15/14 states the injured worker reports severe upper extremity weakness which prevents the injured worker from being able to propel a manual wheelchair. This note indicates there is no caregiver who is willing to provide assistance with a manual wheelchair. A previous physical examination is included and reveals spasticity in the left upper extremity. Increased tone and reflexes (3+) are noted in the left upper and lower extremities. Decreased arm strength is noted on the left and it is stated that the injured worker cannot hold a cane in the right hand. Romberg sign is positive. An antalgic gait is demonstrated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Motorized Scooter: 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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg Chapter, Power Mobility Devices (PMDs).

Decision rationale: ACOEM/MTUS do not address. ODG states, "...if there is any mobility with canes or other assistive devices, a motorized scooter is not essential to care." Records indicate that the injured worker ambulates with the use of a single point cane. Per guidelines, this is a contraindication for the need of a power mobility device. Based on the records submitted for review, medical necessity of a motorized scooter is not established. Therefore, the request is not medically necessary.