

Case Number:	CM14-0087276		
Date Assigned:	07/23/2014	Date of Injury:	09/30/1996
Decision Date:	09/12/2014	UR Denial Date:	06/04/2014
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 Occupational 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:

There were 31 pages provided for review. The application for independent medical review was signed on June 10, 2014 for the scooter. Per the records provided, the patient has complaints in the lower back and left shoulder as of the agreed medical re-examination report from December 5, 2011. The provider recommended two lumbar epidural steroid injections but did not recommend surgery. Treatment for the left shoulder included corticosteroid injections, TENS (Transcutaneous Electrical Neural Stimulation) and Lidocaine patches and a back brace for the lumbar. As of November 4, 2013 there was neck pain going to the shoulder. There were complaints of right arm pain and worsening pain in the right side of the lumbar spine. The claimant is 57 years old. There is pain in the neck shoulder and lumbar spine. The request simply was for a 'scooter'. The attending physician notes that the patient has a post laminectomy syndrome with severe pain. Some of the writing was not legible. The prescription was only for a 'scooter' with no other detail.

IMR ISSUES, DECISIONS AND RATIONALES

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

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- Ankle & Amp; Foot procedure Summary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 99 of 127.

Decision rationale: The MTUS notes that mobility aids of any form are 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. In this case, it is not clear what mobility aids had been tried and failed. It is not clear that early exercise, mobilization and independence have been encouraged at all steps of the injury recovery process, and if there is any mobility with canes or other assistive devices. The request is not medically necessary based on the records provided and the MTUS criteria.