

Case Number:	CM14-0177417		
Date Assigned:	10/30/2014	Date of Injury:	02/01/1993
Decision Date:	01/30/2015	UR Denial Date:	10/14/2014
Priority:	Standard	Application Received:	10/27/2014

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:

The patient is a 72-year-old male who has submitted a claim for complex regional pain syndrome/reflex sympathetic dystrophy, hand pain, and low back pain status post surgery associated with an industrial injury date of 2/1/1993. Medical records from 2014 were reviewed. The patient complained of low back pain and hand pain. He had significant despair related to his loss of ambulatory status. He needed a wheelchair or scooter to help him in community ambulation. The patient reported leg pain symptoms related in part to the dysfunction of his spinal cord stimulator. Physical examination showed scars at both wrists and both elbows. There were variable patches of hypoesthesia. Tinel's sign was positive at the bilateral cubital tunnels. Treatment to date has included 5 lumbar surgeries, carpal tunnel release, spinal cord stimulator, psychotherapy, and medications. The utilization review from 10/14/2014 denied the request for power scooter with a car carrier because of no clear rationale why a manual wheelchair cannot suffice; and denied Stanford injections because of non-specificity of the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Power scooter with a car carrier: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines): Knee: Power Mobility Devices.

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

Decision rationale: Page 99 of the CA MTUS Chronic Pain Medical Treatment Guidelines state that power mobility devices (PMDs) 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. If there is any mobility with canes or other assistive devices, a motorized scooter is not essential to care. In this case, the patient described significant despair related to his loss of ambulatory status. He needed a wheelchair or scooter to help him in community ambulation. The patient reported leg pain symptoms related in part to the dysfunction of his spinal cord stimulator. However, physical examination findings did not reveal weakness of the upper extremities. The guidelines do not recommend PMDs if functional mobility deficit can be resolved by a patient who has sufficient strength to propel a manual wheelchair. There is no discussion as to why an electric wheelchair is needed. The medical necessity has been established. Therefore, the request for power scooter with a car carrier is not medically necessary.