

Case Number:	CM14-0180103		
Date Assigned:	12/12/2014	Date of Injury:	04/28/2001
Decision Date:	01/15/2015	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	10/29/2014

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 Preventive 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:

According to the records made available for review, this is a 51-year-old male with a 4/28/01 date of injury and status post left shoulder surgery. At the time (10/2/14) of request for authorization for one scooter and one ortho mattress, there is documentation of subjective (numbness and tingling in the left middle finger; pain in the neck, upper back, lower back, right and left shoulder) and objective (presents with single point cane in good condition, healing surgical scar at abdominal area) findings, current diagnoses (cervical spine disc bulge, thoracic spin strain, lumbar spine disc rupture, right shoulder strain, and status post left shoulder surgery), and treatment to date (medications). Regarding the requested one scooter, there is no documentation of a functional mobility deficit that cannot be sufficiently resolved by the prescription of a cane or walker, that the patient has insufficient upper extremity function to propel a manual wheelchair, and that there is no caregiver who is available, willing, or able to provide assistance with a manual wheelchair.

IMR ISSUES, DECISIONS AND RATIONALES

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

One scooter: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Power mobility devices (PMDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Power Mobility Devices Page(s): 132.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of a functional mobility deficit that cannot be sufficiently resolved by the prescription of a cane or walker, the patient has insufficient upper extremity function to propel a manual wheelchair, and there is no caregiver who is available, willing, or able to provide assistance with a manual wheelchair, as criteria necessary to support the medical necessity of Motorized Wheelchair or Scooter. Within the medical information available for review, there is documentation of diagnoses of cervical spine disc bulge, thoracic spin strain, lumbar spine disc rupture, right shoulder strain, and status post left shoulder surgery. However, there is no documentation of a functional mobility deficit that cannot be sufficiently resolved by the prescription of a cane or walker, that the patient has insufficient upper extremity function to propel a manual wheelchair, and that there is no caregiver who is available, willing, or able to provide assistance with a manual wheelchair. Therefore, based on guidelines and a review of the evidence, the request for one scooter is not medically necessary.

One ortho mattress: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Pain Chapter, Mattress selection

Decision rationale: MTUS does not address the issue. ODG identifies that there are no high-quality studies to support purchase of any type of specialized mattress or bedding is a treatment for low back pain. Therefore, based on guidelines and a review of the evidence, the request for one ortho mattress is not medically necessary.