

Case Number:	CM14-0186709		
Date Assigned:	11/14/2014	Date of Injury:	11/21/2002
Decision Date:	01/05/2015	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	11/10/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 58 year old female who had a work injury dated 11/21/02. The diagnoses include history of multiple back surgeries, lumbar spine, including laminectomy and fusion with instrumentation followed by hardware removal; postlaminectomy syndrome, lumbar spine; chronic lower back and bilateral radicular pain. Under consideration are requests for motorized scooter. There is a progress note dated 9/26/14 that states that the patient is in pain. She needs a new walker as her brakes are broken. She is noted with difficulty walking and is unable to sit now. On physical exam there is tenderness of the lumbar spine, a positive straight leg raise, and spasms. The treatment plan is for a walker and motorized scooter.

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 (ODG): Power Mobility Devices (PMDs)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Power mobility devices PMDs Page(s): 99.

Decision rationale: A motorized scooter is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that a power mobility device is 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. The guidelines state that if there is any mobility with canes or other assistive devices, a motorized scooter is not essential to care. The documentation indicates that the patient can ambulate with a walker. The request for a motorized scooter is not medically necessary.