

Case Number:	CM14-0203327		
Date Assigned:	12/15/2014	Date of Injury:	03/22/1989
Decision Date:	02/05/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	12/04/2014

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 Rehab, has a subspecialty in Interventional Spine 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 69 year old male with an injury date on 3/22/89. The patient complains of low lumbar pain, cervical pain, left hip/leg pain per 9/29/14 report. The patient has progressive weakness in bilateral lower extremities per 9/29/14 report. The pain was stated to currently be the worst in his left leg per 9/5/14 report. The patient has increased body itch (pruritis) which is likely due to long acting opioid methadone, and the treater will prescribe Allegra to deal with the symptoms per 5/12/14 report. Patient has difficulty walking more than 3 city blocks per 4/10/14 report. Based on the 9/29/14 progress report provided by the treating physician, the diagnoses are: 1. Chronic lower back pain > degenerative lumbar spondylosis 2. Chronic lower back pain > myofascial pain syndrome 3. Chronic neck pain > degenerative cervical spondylosis 4. Pain disorder w psychological / general medical condition 5. Insomnia > persistent due to chronic pain Most recent physical exam on 4/10/14 showed "walks with antalgic gait, prefers use of right leg. Cannot stand on left leg (poor balance), deep knee bend only 50%." No range of motion testing was provided in included documentation. The patient's treatment history includes medications, TENS unit, cryotherapy, H-wave. The treating physician is requesting power mobility device transport lift. The utilization review determination being challenged is dated 11/12/14. The requesting physician provided treatment reports from 8/9/13 to 12/30/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Power Mobility Device Transport Lift: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines power mobility devices Page(s): 132. Decision based on Non-MTUS Citation ODG; regarding power mobility devices (PMDs) (Ankle & Foot Chapter)

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: This patient presents with lower back pain, neck pain, left hip/leg pain. The treater has asked for power mobility device transport lift on 9/29/14 "so the patient can transport the device to needed locations of use i.e. grocery store or relatives homes." MTUS, ACOEM, and ODG do not discuss automobile lifts but power mobility devices are discussed. ODG states, "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. Early exercise, mobilization and independence should be encouraged at all steps of the injury recovery process, and if there is any mobility with canes or other assistive devices, a motorized scooter is not essential to care." This patient is 69 years of age, and has ambulation problems with ability to walk only 3 city blocks. The treater does not, however, specify the "device" needed for transport. There is no documentation that the patient is using a wheelchair, scooter, or a walking aid. As of the most recent physical examination, patient was ambulating without any assistance. There is no evidence that this patient qualifies for a power mobility device. The request is not medically necessary.