

<b>Case Number:</b>	CM14-0027957		
<b>Date Assigned:</b>	06/16/2014	<b>Date of Injury:</b>	10/23/2009
<b>Decision Date:</b>	04/16/2015	<b>UR Denial Date:</b>	02/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/05/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 injured worker is a 46 year old male, who sustained an industrial injury on October 23, 2009. He has reported collapsing in his bedroom at home, comatose for 21 days, with a right cerebrovascular accident (RCVA) with dense left hemiparesis. The diagnoses have included status post right temporoparietal cerebral hemorrhage with left hemiparesis, subluxation of the left shoulder, depression, anxiety, left foot drop, venous stasis changes of the left lower extremity, and coagulopathy. Treatment to date has included physical therapy, bracing, and medications. Currently, the injured worker complains of left shoulder pain and abdominal distention. The Treating Physician's report dated January 20, 2014, noted the injured worker reported physical therapy helping, and was requesting an electrostimulator and a scooter to get around. The injured worker was noted to have an antalgic gait, using a cane for ambulation, unable to toe or heel walk. Physical examination was noted to show left shoulder motor function 0/5, with no grip on the left, left foot drop with decreased range of motion (ROM) of the left knee and shoulder, and 2+ edema of the lower extremities with venous stasis changes of his left lower extremity. On February 5, 2014, Utilization Review non-certified a scooter and a stimulator machine. The UR Physician's clinical reasoning and guidelines used in the determination were not included in the documentation provided. On March 5, 2014, the injured worker submitted an application for IMR for review of a scooter and a stimulator machine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DURABLE MEDICAL EQUIPMENT (DME) SCOOTER:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

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

**Decision rationale:** The 2/05/14 Utilization Review letter states a scooter requested the 1/29/14 RFA was denied. There was no rationale for the denial provided for this review. According to the 10/11/13 rehabilitation pre-admission screen, the patient was a deputy sheriff and suffered a stroke and seizures and was in a coma for 21 days. He had side effects from a certain pain medication that lead to internal bleeding that required a blood transfusion. This is all superposed on cirrhosis of the liver. He has left hemiparesis. He has residuals from a left ankle fracture and uses a left AFO and a quad point cane, but despite this, his gait is slow and he fatigues easily. The report states the patient has 2 scooters at home, one is a 3-wheeled scooter, and the other is a 4-wheeled scooter. The 4-wheeled scooter is broken and he was not able to find a repair shop. The 3-wheeled scooter has a limited range due to battery life, and the patient is afraid to take it out for fear of being stranded away from home. The 1/20/14 internal medicine report states the patient wants an electrostimulator and he wants a scooter. He uses a cane to ambulate. He cannot heel or toe walk. The physician requests a scooter for him to get around and a stimulator machine. There is no discussion of the condition of the patient's other 2 power scooters. It is not known whether the patient was able to have the 4-wheeled scooter repaired, or whether he was able to replace the battery in the 3-wheeled scooter. MTUS Chronic Pain Medical Treatment Guidelines, page 99, under "Power mobility devices (PMDs)" 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." The most recent report states the patient is able to ambulate with a cane. The prior reports from 2013 state the patient already has two power scooters. The rationale for a 3rd power scooter, when the patient has mobility with a cane was not provided. The request does not appear to be consistent with the MTUS guidelines. Based on the available medical records, the request for a scooter is not medically necessary.

**DURABLE MEDICAL EQUIPMENT (DME) STIMULATOR MACHINE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy (TENS) Page(s): 114-121.

**Decision rationale:** The 2/05/14 Utilization Review letter states a Stimulator machine requested the 1/29/14 RFA was denied. There was no rationale for the denial provided for this review.

According to the 10/11/13 rehabilitation pre-admission screen, the patient was a deputy sheriff and suffered a stroke and seizures and was in a coma for 21 days. He had side effects from a certain pain medication that lead to internal bleeding that required a blood transfusion. This is all superposed on cirrhosis of the liver. He has left hemiparesis. He has residuals from a left ankle fracture and uses a left AFO and a quad point cane, but despite this, his gait is slow and he fatigues easily. The report states the patient has 2 scooters at home, one is a 3-wheeled scooter, and the other is a 4-wheeled scooter. The 4-wheeled scooter is broken and he was not able to find a repair shop. The 3-wheeled scooter has a limited range due to battery life, and the patient is afraid to take it out for fear of being stranded away from home. The 1/20/14 internal medicine report states the patient wants an electrostimulator and he wants a scooter. He is attending PT for the shoulder. There is no discussion as to the type of electrostimulator the physician is requesting. MTUS Chronic Pain Medical Treatment Guidelines, for Transcutaneous Electrotherapy pg114-121, states: It should be noted that there is not one fixed electrical specification that is standard for TENS; rather there are several electrical specifications. Other devices (such as H-wave stimulation (devices), Interferential Current Stimulation, Microcurrent electrical stimulation (MENS devices), RS-4i sequential stimulator, Electroceutical Therapy (bioelectric nerve block), Neuromuscular electrical stimulation (NMES devices), Sympathetic therapy, Dynatron STS) have been designed and are distinguished from TENS based on their electrical specifications to be discussed in detail below. The following individual treatment topics are grouped together under the topic heading, "Transcutaneous Electrotherapy [DWC]" and are intended to allow the users of the chronic pain medical treatment guidelines to compare their benefits and to choose amongst the various transcutaneous electrical stimulation devices. All of the following individual treatment topics are from the ODG guidelines. A specific guideline cannot be cited because the requested service was not described in sufficient detail. In order to select the relevant guideline, the requested service must refer to a specific treatment, including the type of electrical stimulator, for example TENS, NMES, interferential, H-wave, Neuromuscular stimulation, etc. MTUS provides criteria and recommendations for each specific type of electrical stimulator. Without the description of the type of device being requested, it cannot be compared to the specific MTUS criteria. The request cannot be verified to be in accordance with MTUS guidelines, and therefore cannot be approved. The request for an electrostimulator is not medically necessary.