MAXIMUS Federal Services

| Case Number: | CM15-0001117 | | |
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| Date Assigned: | 01/12/2015 | Date of Injury: | 05/28/1997 |
| Decision Date: | 03/10/2015 | UR Denial Date: | 12/04/2014 |
| Priority: | Standard | Application Received: | 01/05/2015 |

## 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: Ohio, North Carolina, Virginia
Certification(s)/Specialty: Family Practice

## 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 75 year old female who sustained an industrial injury on 5/28/97. The injured worker reported symptoms in the lower back, pelvis, and bilateral lower extremities. The diagnoses included post laminectomy syndrome - lumbar region, chronic pain syndrome, and depressive disorder, not elsewhere classified. Treatments to date have included physical therapy, acupuncture treatment, transcutaneous electrical nerve stimulation and oral pain medication. Provider documentation dated 8/1/14 noted the injured worker presents with "difficulty getting dressed and requires assistance of a home care assistant..." the treating physician is requesting motorized scooter parts (new battery, cup holder, basket, and clock). On 12/4/14, Utilization Review non-certified a request for motorized scooter parts (new battery, cup holder, basket, clock). The MTUS, ACOEM Guidelines,(or ODG) was cited.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Motorized scooter parts (new battery, cup holder, basket, clock):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain (Chronic)

**Decision rationale:** Power mobility devices 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. 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 term durable medical equipment is defined as equipment which:(1) Can withstand repeated use, i.e., could normally be rented, and used by successive patients; (2) Is primarily and customarily used to serve a medical purpose; (3) Generally is not useful to a person in the absence of illness or injury; & (4) Is appropriate for use in a patient's home. (CMS, 2005)In this instance, the injured worker has very limited mobility with crutches and very little upper extremity functionality. Hence, she likely qualifies for a motorized wheelchair and the essential equipment that it requires, such as a battery. However, a cup holder, basket, and a clock do not meet the definition of durable medical equipment and as such are not medically necessary. Because the request for authorization does not parse out the battery from the cup holder,clock, and basket, the requested equipment is not medically necessary when considered in its entirety, which is what is required from the independent medical reviewer's perspective.