MAXIMUS Federal Services

Case Number:	CM15-0003291		
Date Assigned:	01/14/2015	Date of Injury:	08/27/2002
Decision Date:	03/12/2015	UR Denial Date:	12/24/2014
Priority:	Standard	Application Received:	01/07/2015

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: New Jersey, New York
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 50-year old female, who sustained an industrial injury on August 27, 2012. The documentation reviewed did not reflect the mechanism of injury or the diagnoses at that time. The physician did document that the case had been settled with future medical care. Currently, the IW complains of pain primarily in her left foot and ankle with pain ascending the leg to the knee level with decreased range of motion, left lower extremity weakness and trophic changes. Accompanied symptoms included swelling, hypersensitivity, color changes, and temperature changes. There is also a complaint of significant pain and functional disability, which is making work and everyday activities. The worker reported that she had to stand on her feet 50 percent of her workday and this was causing severe pain and the worker feels like she cannot continue to work due to pain. Current diagnoses included gait disturbance, high-risk medication use, low back pain, and mild back pain chronic, mild cognitive impairment, and reflex sympathetic dystrophy of the left lower extremity and sleep disturbance. The physician's visit dated December 12, 2014, documented the worker was experiencing mild cognitive impairment and was having more difficulty with activities of daily living and at work and a motorized scooter was recommended.On December 24, 2014, the Utilization Review decision non-certified a request for a trial of a motorized scooter, noting that although the worker had limiting lower extremity function there was no upper extremity limitations to affect the use of a manual wheelchair. The reference for this non-coverage stated the ODG was silent on this issue and therefore the Medicare guidelines were used. On January 7, 2015, the injured worker submitted an application for IMR for review of trail of a motorized scooter.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trial of a motorized scooter: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Center for Medicare and Medicaid Services (CMS), POwer Wheelchair Coverage, October 2003 (www.cms.hhs.gov/medlearn/PowerWheelchair.pdf)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Power mobility devices Page(s): 99. Decision based on Non-MTUS Citation Motorized scooter, Knee Leg

Decision rationale: The request is considered not medically necessary. MTUS states that if patient is able to ambulate with cane or walker or has the upper extremity strength to propel a manual wheelchair, then a motorized scooter is not medically necessary. There is no documentation that the patient had motor deficit with her upper extremities that would prevent her from using a manual wheelchair. She had CRPS of her lower extremity. Therefore, a motorized scooter is not medically necessary at this time.