

Case Number:	CM15-0004834		
Date Assigned:	01/13/2015	Date of Injury:	02/07/2001
Decision Date:	03/30/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	12/24/2014

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: Indiana

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 67 year old male, who sustained an industrial injury on February 7, 2001. The diagnoses have included chronic migraines, status post cervical spine surgery, status post left shoulder surgery, diabetes mellitus, cervical spine muscle spasm, depression/anxiety and chronic intractable shoulder pain. Treatment to date has included supportive therapy, rolling walker, pain medications and back surgeries. Currently, the injured worker complains of back pain. In a progress note dated December 16, 2014, the treating provider reports ambulating with a rolling walker with a seat and his gait is nonantalgic, cervical paraspinal muscles are tight to palpation and trigger points are not on exam, decreased sensation in bilateral feet and ankles. On December 16, 2014 Utilization Review non-certified a four wheel motorized scooter with adjustable seat height, noting, Medical Treatment Utilization Schedule Guidelines was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 Wheel motorized scooter scooter w/ adjustable seat height: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Powered Motility Devices Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee; Powered Mobility Devices

Decision rationale: The chronic pain guidelines state the following regarding motorized wheel chairs: "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." Additionally, ODG comments on motorized wheelchairs and says the following: "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. (CMS, 2006) 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." From the medical notes, it is clear that he is able to hold onto objects and get around his house. There is no medical documentation that the patient does not have sufficient upper extremity strength to propel a manual wheelchair or that there is no caregiver available. Therefore, the request for a 4 Wheel motorized scooter scooter w/ adjustable seat height is not medically necessary.