

Case Number:	CM15-0108561		
Date Assigned:	06/15/2015	Date of Injury:	07/06/2004
Decision Date:	07/14/2015	UR Denial Date:	05/01/2015
Priority:	Standard	Application Received:	06/05/2015

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: North Carolina
 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 51 year old male who sustained an industrial injury on 07/06/04. Initial complaints and diagnoses are not available. Treatments to date include medications, back surgery, morphine pump, motorized scooter, a walker, and home health assistance. Diagnostic studies include an ultrasound study of the bilateral wrists and elbows on 06/11/14. Current complaints include continued pain, and his motorized scooter is too large to fit on public transportation. Current diagnoses include failed back surgery syndrome, stress/anxiety/frustration, chronic pain, bilateral shoulder sprain/strain/bursitis/tendinitis/impingement, bilateral wrist tendinitis, chronic left knee sprain/strain, gastrointestinal/psychiatric and sleep complaints. In a progress note dated 04/16/15 the treating provider reports the plan of care as implantation of a new morphine pump, refill current morphine pump, a motorized scooter no longer than 42 inches, as well as medications including motrin and robaxin. The requested treatment is a motorized scooter no longer than 42.5 inches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Motorized scooter with a length of no greater than 42.5 inches #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), knee and leg chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines powered mobility device Page(s): 99.

Decision rationale: The California MTUS section on powered mobility devices 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 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. Criteria have not been met in the included clinical documentation and therefore the request is not certified or medically necessary.