MAXIMUS Federal Services

| Case Number: | CM15-0109087 | | |
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| Date Assigned: | 06/15/2015 | Date of Injury: | 08/09/1999 |
| Decision Date: | 07/17/2015 | UR Denial Date: | 06/03/2015 |
| 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: Texas, California
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:

This is a 57 year old male patient with an industrial injury dated 08/09/1999. The diagnoses include status post stimulator trial, gastropathy, new onset of diabetes mellitus, irritable bowel syndrome, hypertension, gastroesophageal reflux disease, atypical chest pain, status post cervical spine injury, lumbar radiculopathy, fibromyalgia and left ventricular hypertrophy. Per the doctor's note dated 6/10/2015, he had complaints of low back pain. The physical examination revealed lumbar spine; tenderness, spasm and decreased range of motion; abdomen; mid epigastric region tenderness; extremities; left knee restricted range of motion, left hand; positive Tinel's sign, both leg swelling and decreased sensation both feet and left quadriceps atrophy. Per the progress note dated 05/27/2015, he had pain in the lower quadrant of his abdomen and left upper quadrant of the abdomen. Objective findings revealed a soft non-tender abdomen and no edema in extremities. Per the doctor's note dated 5/14/2015, he had complaints of low back, neck and wrist pain; nausea with headache. The physical examination revealed lumbar paraspinal tenderness and spasm, guarded range of motion and positive straight leg raising test. The medications list includes levemir, victoza, benicar, aciphex, nalfon, prevacid, ondansetron, cyclobenzaprine and tramadol ER. He has undergone cervical spine surgery. Treatment consisted of diagnostic studies, prescribed medications, and periodic follow up visits. The treating physician prescribed services for motorized scooter purchase now under review.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Motorized scooter purchase:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Centers for Medicare and Medicaid Services (CMS), Noridian Administrative Services, LLC. Power wheelchairs and power operated vehicles.

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

**Decision rationale:** Q-Motorized scooter purchase. Per the CA MTUS chronic pain guidelines, 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." Evidence of significant functional deficits that preclude use of other assistive devices or a manual wheel chair, was not specified in the records provided. The absence of a caregiver who can propel a manual wheel chair is not specified in the records provided. Any other medical conditions that would completely compromise the patient's ability to use a manual wheelchair are not specified in the records provided. The Motorized scooter purchase is not medically necessary for this patient.