

Case Number:	CM15-0160778		
Date Assigned:	08/27/2015	Date of Injury:	02/14/2003
Decision Date:	10/06/2015	UR Denial Date:	07/27/2015
Priority:	Standard	Application Received:	08/17/2015

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: Pennsylvania, Ohio, California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 57 year old female, who sustained an industrial injury on February 14, 2003. The injured worker was diagnosed as having pain disorder with psychological and orthopedic condition, extremity pain, sacroiliac pain, lumbar degenerative disc disease (DDD), low back pain, spasm of muscle and radiculopathy. Treatment to date has included injections, magnetic resonance imaging (MRI), lab work, knee brace, wheel chair. A progress note dated July 13, 2015 provides the injured worker complains of neck pain radiating down left arm with tingling of the elbow and low back pain. She rates the pain 8 out of 10 with medication and 10 out of 10 without medication. She reports decreased activity and that medication is working well. Physical exam notes use of a wheel chair, cervical tenderness to palpation, spasm and decreased range of motion (ROM) with painful Spurling's maneuver. There is tenderness to palpation of the right shoulder biceps groove and left shoulder tenderness to palpation, painful decreased range of motion (ROM), positive Hawkin's, Neer, empty can and lift-off test. There is bilateral elbow tenderness to palpation with right elbow ecchymosis, erythema and swelling and decreased painful range of motion (ROM). There is left knee tenderness to palpation and use of a knee brace. The plan includes motorized scooter, surgery, cognitive behavioral therapy (CBT) and medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Motorized Scooter: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg (Online Version), Wheelchairs, Power mobility devices (PMDs).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee / Power Mobility Devices.

Decision rationale: ODG states regarding power mobility devices that such equipment is not recommended if a patient could instead utilize a gait aid or manual wheelchair. The records do not provide such an analysis or clinical reasoning. A power mobility device can iatrogenically result in severe deconditioning if used by a patient for whom such a device is not required. The records in this case do not document such a clinical need. Therefore, this request is not medically necessary.