MAXIMUS Federal Services

Case Number:	CM15-0165029		
Date Assigned:	09/02/2015	Date of Injury:	06/05/2003
Decision Date:	10/06/2015	UR Denial Date:	08/06/2015
Priority:	Standard	Application Received:	08/22/2015

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: California, Indiana, New York
Certification(s)/Specialty: Internal 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 53 year old female, who sustained an industrial injury on 6-05-2003. The mechanism of injury was not described. The injured worker was diagnosed as having lumbago. Treatment to date has included diagnostics, massage, facet block, and medications. Currently, the injured worker complains of pain in her bilateral legs, neck, bilateral buttocks, and thoracic spine. She reported benefit with massage therapy. Pain was rated 6 out of 10 on average in the past month, 4 of 10 at best. She requested a motorized scooter for distance mobilization. She was able to use her walker for short distance walking-shopping. An activity assessment noted that she could go out without assistance and she used a cane or walker. Her mood assessment noted crying, depression, anger, and frustration. Medications included Oxycontin, Percocet, Gabapentin, Trazodone, Lidoderm patch, Colace, Voltaren gel, Metoprolol, Metolazone, Humalog, Lantus, and Aspirin. Physical exam noted her to sit in her wheeled walker. Limited extension in the lumbar spine was noted. Mild swelling of the bilateral lower extremities was noted. The treatment plan included a motorized scooter with four wheels, basket, and a lift.

IMR ISSUES, DECISIONS AND RATIONALES

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

Motorized Scooter with 4 Wheels, Basket and Lift: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and leg section, Power mobility devices (PMDs).

Decision rationale: Pursuant to the Official Disability Guidelines, motorized scooter, four wheels, basket and lift is not medically necessary. Power mobility devices (PMD) 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. 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. In this case, the injured worker's working diagnoses are chronic pain syndrome; back pain lumbar; degenerative disc disease lumbar; insomnia, depression both chronic; and obesity and anxiety. Date of injury is June 5, 2003. Request for authorization is July 31, 2015. According to a July 31, 2015 progress note, the injured worker present for medication maintenance. The injured worker is requesting a motorized scooter for distance mobilization. The injured worker uses a walker for short distance walking and shopping. Subjectively, the injured worker complains of bilateral leg pain and neck pain and thoracic pain. Additionally, the injured worker is able to ambulate without assistance using a cane or walker. There is no documentation of upper extremity weakness prohibiting the use of a walker. There is no muscle weakness. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no subjective complaint of upper extremity muscle weakness, documentation the injured worker ambulates short distance with a walker, motorized scooter, four wheels, basket and lift is not medically necessary.