

Case Number:	CM15-0166398		
Date Assigned:	09/04/2015	Date of Injury:	09/03/2010
Decision Date:	10/09/2015	UR Denial Date:	07/24/2015
Priority:	Standard	Application Received:	08/25/2015

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, New York, California
 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of September 3, 2010. In a Utilization Review report dated July 29, 2015, the claims administrator failed to approve a request for an electric scooter. The claims administrator did not seemingly incorporate any guidelines into its report rationale. A July 13, 2015 office visit was seemingly cited in the determination. The applicant's attorney subsequently appealed. On July 9, 2015, the applicant reported ongoing complaints of low back pain with derivative complaints of depression, anxiety, and psychological stress. Norco, a TENS unit, Norflex, extended-release tramadol, and Neurontin were endorsed. The applicant was not working; it was reported in several sections of the note. The applicant was walking with the aid of a cane; it was reported on this occasion. The applicant was able to do limited chores at home despite her ongoing pain complaints.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electric Scooter, purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Power mobility devices (PMDs).

Decision rationale: No, the request for an electric scooter purchase was not medically necessary, medically appropriate, or indicated here. As noted on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines, power mobility devices such as the electric scooter in question are not recommended in applicants in whom there is any mobility with a cane or other assistive device. Here, the applicant was described as walking with the aid of a cane on June 9, 2015. The applicant's seemingly successful usage of a cane, thus, effectively obviated the need for the electric scooter at issue, per page 99 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.