

Case Number:	CM15-0180118		
Date Assigned:	09/22/2015	Date of Injury:	09/29/1986
Decision Date:	11/02/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	09/14/2015

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 mid and low back pain reportedly associated with an industrial injury of September 29, 1986. In a Utilization Review report dated August 24, 2015, the claims administrator failed to approve a request for a motorized scooter. The claims administrator referenced an RFA form received on August 17, 2015 and an associated progress note of July 15, 2015 in its determination. The applicant's attorney subsequently appealed. On July 15, 2015, the applicant reported heightened complaints of low back pain. The applicant was using a cane to move about and stated that she was having difficulty walking for more than 10 to 15 minutes. The applicant reported having fallen some two weeks prior. The applicant had undergone earlier failed spine surgery with subsequent implantation and explanation of a spinal cord stimulator. The applicant was using a cane to move about in the clinic. The attending provider suggested that the applicant obtain a motorized scooter. Norco was renewed. On August 17, 2015, the attending provider again stated that the applicant was experiencing issues with periodic falls. The applicant had issues with a knee degenerative joint disease superimposed on issues with chronic neck and low back pain, it was reported. The applicant was using a cane to move about in the clinic. On September 23, 2015, the attending provider reiterated that the applicant had had issues with intermittent falling and/or instability even when while using a cane. The applicant contended that she was unable to get out of the house owing to concerns about falling. A motorized scooter was sought. Norco and Prozac were endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Motorized scooter: Overturned

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

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

Decision rationale: Yes, the request for a motorized scooter was medically necessary, medically appropriate, and indicated here. While page 99 of the MTUS Chronic Medical Treatment Guidelines does acknowledge that power mobility devices such as the motorized scooter in question are not recommended if an applicant's functional mobility can be sufficiently resolved with the use of a cane, walker, and/or manual wheelchair. Here, however, the attending provider seemingly contended on September 23, 2015, August 17, 2015, and July 15, 2015 that the applicant's functional mobility deficits had not been sufficiently remediated through the usage of a cane. The applicant apparently reported issues with falling and/or instability despite usage of a cane. The applicant was described as having issues with chronic low back pain status post failed spine surgery, knee arthritis, and chronic neck pain, all of which were acting in concert to impact her mobility. Provision of a motorized scooter was, thus, indicated in the clinical context present here. Therefore, the request was medically necessary.