

Case Number:	CM15-0022261		
Date Assigned:	02/11/2015	Date of Injury:	07/13/1999
Decision Date:	03/27/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	02/05/2015

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: Indiana

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:

This 66 year old male sustained an industrial injury on 7/13/99. He subsequently reports chronic low back and hip pain. Diagnoses include trochanteric bursitis, lumbar radiculopathy and lumbar degenerative disc disease. The injured worker has undergone spinal and bilateral hip surgeries. Treatment to date has included physical therapy, steroid injections and prescription pain medications. On 1/6/15, Utilization Review non-certified a request for a Van Lift for Electric Scooter. The Van Lift for Electric Scooter was denied based on ODG guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Van Lift For Electric 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 (ODG) (19th annual edition) and ODG Treatment in Workers' Comp (12th annual edition), 2014- Knee and Leg Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Power Motility Devices Page(s): 99.

Decision rationale: The chronic pain guidelines state the following regarding motorized wheel chairs and similar devices: "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." Additionally, ODG comments on motorized wheelchairs and says the following: "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. (CMS, 2006) 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." From the medical notes, it is clear that the employee is able to hold onto objects and get around the house. There is no medical documentation that the employee does not have sufficient upper extremity strength to propel a manual wheelchair or that there is no caregiver available. Therefore, the request for a Van Lift For Electric Scooter is not medically necessary.