

Case Number:	CM15-0025069		
Date Assigned:	02/17/2015	Date of Injury:	06/16/2008
Decision Date:	03/31/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	02/10/2015

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, Ohio, 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] beneficiary who has filed a claim for chronic low back pain reportedly associated with an industrial injury of June 16, 2008. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; earlier lumbar spine surgery; epidural steroid injection therapy; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated January 20, 2015, the claims administrator failed to approve a request for a motorized scooter for ambulation purposes. The claims administrator referenced an RFA form of December 22, 2014 in its determination. The applicant's attorney subsequently appealed. In a hospital admission history and physical of September 11, 2014, the applicant was described as having developed a recurrent disk herniation at the L3-L4 level. Plans were made for the applicant to undergo an L3-L4 discectomy-laminectomy surgery. The applicant received said revision L3-L4 microdiscectomy surgery on December 11, 2014. On a physical therapy evaluation of January 12, 2015, it was acknowledged that the applicant was using a wheeled walker to move about.

IMR ISSUES, DECISIONS AND RATIONALES

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

Motorized scooter for ambulation: 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), Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Power mobility devices (PMDs) Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792..

Decision rationale: 1. No, the motorized scooter 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 motorized scooter at issue are not essential to care and are not recommended if an applicant's functional mobility deficits can be sufficiently resolved through usage of a cane, walker, and/or manual wheelchair. Here, the physical therapy progress note of January 12, 2015 did seemingly suggest that the applicant was able to move about through the aid of a manual walker. It was not clear, thus, why a motorized scooter was sought here. ACOEM Chapter 12, page 301 further notes that every attempt should be made to maximize an applicant's overall level of activity. Providing the motorized scooter, here, however, would have minimized rather than maximized the applicant's overall levels of activity and function. Therefore, the request was not medically necessary.