MAXIMUS Federal Services

Case Number:	CM15-0026393		
Date Assigned:	02/18/2015	Date of Injury:	02/16/2007
Decision Date:	03/30/2015	UR Denial Date:	01/29/2015
Priority:	Standard	Application Received:	02/11/2015

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
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 64 year old male, who sustained an industrial injury on February 16, 2007. He has reported injury of the neck and back. The diagnoses have included cervical spine and thoracic spine strain/sprain. Treatment to date has included radiological imaging, medications, lumbar epidural injections, and a home exercise program. Currently per report of 12/23/14, the IW complains of continued neck and back pain. He rates his pain as 4-5/10. Physical findings reveal pain over the neck area, distraction test and shoulder depression tests were positive, bilateral biceps and triceps reflexes were decreased; there is intact sensation with 4+/5 motor strength in bilateral lower extremities. The records indicate a computed tomography scan of the lumbar spine completed in November 2013, reveals a posterior fusion from T9-L5, and neuroframinal narrowing at multiple levels. A computed tomography scan of the lumbar spine on November 21, 2008, reveals bilateral spondylosis at L5, and moderate degenerative changes. The records indicate his last day of work was June 25, 2009, and that he had reached a point of maximal medical improvement with an apportionment described. Requests included a motorized scooter and detachable ramp to transport the scooter onto the patient's pickup truck. On January 29, 2015, Utilization Review non-certified attachable ramp for the low back. The MTUS and ODG guidelines were cited. On February 9, 2015, the injured worker submitted an application for IMR for review of attachable ramp for the low back.

IMR ISSUES, DECISIONS AND RATIONALES

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

Attachable Ramp for Low Back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Power mobility devices (PMDs) Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Index 13th Edition web 2015 Knee and Leg- Durable Medical Equipment

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Power mobility devices (PMDs)- Scooter, page page 100.

Decision rationale: The injured worker is a 64 year old male, who sustained an industrial injury on February 16, 2007. The diagnoses have included cervical spine and thoracic spine strain/sprain s/p T9-L5 fusion. Treatment to date has included radiological imaging, medications, lumbar epidural injections, and a home exercise program. Currently per report of 12/23/14, the IW complains of continued neck and back pain. He rates his pain as 4-5/10. Physical findings reveal pain over the neck area, distraction test and shoulder depression tests were positive, bilateral biceps and triceps reflexes were decreased; there is intact sensation with 4+/5 motor strength in bilateral lower extremities. Requests included a motorized scooter and detachable ramp to transport the scooter onto the patient's pickup truck. Per MTUS Guidelines regarding power mobility devices such as scooters, they 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. The patient remains ambulatory and does not appear to be homebound and continues to drive. The criteria for the power mobility device has not been met from the submitted reports. There is no documented clinical motor or neurological deficit of the upper extremities to contradict the use of the single point cane. Additionally, on 1/29/15, the motorized scooter was non-certified by UR. As the scooter was not approved; thereby, the attachable ramp is not indicated. The Attachable Ramp for Low Back is not medically necessary and appropriate.