

Case Number:	CM15-0027593		
Date Assigned:	02/19/2015	Date of Injury:	04/15/2003
Decision Date:	04/16/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/13/2015

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 52-year-old [REDACTED] employee who has filed a claim for chronic low back and knee pain reportedly associated with an industrial injury of April 15, 2003. In a Utilization Review Report dated January 20, 2015, the claims administrator failed to approve a request for scooter repairs with associated supplies, including batteries, tires, and labor services. The claims administrator referenced an RFA form of January 15, 2015 in its determination. The applicant's attorney subsequently appealed. In a January 20, 2015 RFA form, the attending provider sought authorization for a repair of a previously provided scooter and associated services, including labor. In an associated progress note of the same date, January 20, 2015, the applicant reported 9-1/2/10 low back pain. The applicant was using Norco for pain relief. The applicant reported having fallen five times. A replacement scooter was sought. The applicant was using Norco and hydrochlorothiazide, it was acknowledged. The applicant's problem list included hypertension, depression, chronic pain syndrome, asthma, and wheezing. The applicant was 62 years old, it was stated. The applicant exhibited a slow and antalgic gait. The applicant stated that she was not willing or interested in any other treatments or interventions. The applicant stated that she had presented solely for the purpose of obtaining assistance in having her scooter repaired. The applicant was also given refills of Norco and Voltaren. The attending provider stated that the applicant had violated her pain contract by obtaining opioid medications from multiple sources.

IMR ISSUES, DECISIONS AND RATIONALES

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

Scooter repairs (Tires x4 Battery x2 and labor): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS 2010 Revision, Web Edition, repairs to durable medical equipment. Decision based on Non-MTUS Citation Official Disability Guidelines; Chapter Knee/Leg, Web Edition.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301, Chronic Pain Treatment Guidelines Power mobility devices (PMDs) Page(s): 99.

Decision rationale: As noted on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines, provision of a motorized scooter and, by analogy, provision of associated repairs, tires, labor, etc., is "not essential to care." Page 99 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that power mobility devices, as a whole, are not recommended if an applicant's functional mobility deficit is such that it can be sufficiently resolved through usage of a cane, walker, and/or manual wheelchair. Here, it did not appear that the applicant has a bona fide functional mobility deficit but, rather, prefers to use the scooter to move about secondary to low back pain complaints. The applicant's gait was not clearly described or characterized on the January 20, 2015 office visit at issue. The MTUS Guideline in ACOEM Chapter 12, page 301 also stipulates that every attempt should be made to maintain applicants at maximum levels of activity, including work activities. Here, providing the applicant with scooter repairs to include labor, tires, and batteries would, thus, run counter to ACOEM principles and parameters as it would minimize rather than maximize the applicant's overall levels of activity, ambulation, and function. Therefore, the request was not medically necessary.