

Case Number:	CM15-0036131		
Date Assigned:	03/04/2015	Date of Injury:	06/22/2001
Decision Date:	04/13/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/26/2015

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: District of Columbia, Virginia
Certification(s)/Specialty: Internal 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 injured worker is a 67 year old female, who sustained an industrial injury on June 22, 2001. The diagnoses have included displacement of the lumbar intervertebral disc without myelopathy, degeneration of the lumbar or lumbosacral intervertebral disc and lumbago. Currently, the injured worker complains of bilateral lower extremity pain with associated numbness and tingling. She reports that she cannot ambulate without a walker and is limited to no more than 50 feet of ambulation without rest. She reports that her walking causes low back pain and interferes with activities of daily living. On examination she has limited lumbar range of motion and decreased sensation to touch of the bilateral lower extremities. The evaluating physician notes that she is a high risk for falls. On January 27, 2015 Utilization Review non-certified a request for motorized scooter, noting that there is a lack of documentation indicating a caregiver who is available, willing and able to provide assistance with the manual wheelchair and noting that the injured worker is able to ambulate 50 feet with a walker. The California Medical Treatment Utilization Schedule was cited. On February 26, 2015, the injured worker submitted an application for IMR for review of motorized scooter.

IMR ISSUES, DECISIONS AND RATIONALES

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

Motorized Scooter: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Power mobility devices (PMDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792
Page(s): 99.

Decision rationale: Per review of the clinical documentation, the patient was able to ambulate with a walker. It isn't clear as to why a mechanical wheelchair could not be tried. The medical need for a power wheelchair has not been indicated. Per MTUS: Power mobility devices (PMDs) 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.