

Case Number:	CM15-0037793		
Date Assigned:	03/06/2015	Date of Injury:	07/24/2001
Decision Date:	05/01/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	02/27/2015

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: 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 injured worker is a 66 year old male, who sustained an industrial injury on 7/24/01. He reported low back pain with left hip/leg pain. Left foot pain was also noted. The injured worker was diagnosed as having lumbar post laminectomy syndrome, sciatica, and unspecified myalgia and myositis. Treatment to date has included 2 back surgeries and treatment with medications. Currently, the injured worker complains of neck stiffness, shoulder pain, left hip/leg pain, left foot pain, and low back pain that radiates to the buttocks and down one leg. The treating physician requested authorization for a motorized scooter. The treating physician noted an electrical scooter is needed as the injured worker had increased disabling pain and difficulty ambulating with a cane. There is no description of current neurological status or gait with use of a cane. There is no quantification of limitations associated with ambulation with a cane.

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 Page(s): 99.

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

Decision rationale: MUTS Guidelines do not support the use of powered mobility devices without reasonable evidence that an individual cannot adequately ambulate with an assistive device such as a cane. At this point in time, there is a lack of adequate documentation to be consistent with Guideline standards. There is no recent documentation of neurological status, medical description of gait with cane use, or quantification of the limitations associated with use of a cane. Under these circumstances and at this time, the request for a Motorized Scooter is not consistent with Guidelines and is not medically necessary.