

Case Number:	CM14-0005817		
Date Assigned:	02/05/2014	Date of Injury:	12/14/1990
Decision Date:	06/20/2014	UR Denial Date:	12/31/2013
Priority:	Standard	Application Received:	01/15/2014

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. The expert reviewer is Board Certified in Anesthesiology, and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 68 year old male whose date of injury is 12/14/1990. He was working as a firefighter and was blown out of a second story building. Physical examination on 10/11/13 indicates that motor strength is rated as 5/5 throughout the lower extremities. Treatment to date includes lumbar epidural steroid injection on 03/19/13 and 06/25/13, left L5 selective nerve root block on 10/01/13, and lumbar medial branch blocks on 12/03/13 with dramatic reduction in pain. His ability to extend the spine and stand upright is visibly and significantly improved. His time tolerance for standing has more than doubled.

IMR ISSUES, DECISIONS AND RATIONALES

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

MOTORIZED SCOOTER PURCHASE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, POWE MOBILITY DEVICES (PMDs), 132

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

Decision rationale: The MTUS Chronic Pain Guidelines note that power mobility devices 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 submitted records fail to establish that the injured worker is unable to utilize a cane or other assistive device. There is no current, detailed physical examination submitted for review documenting any significant functional deficits which would require a motorized scooter. As such, the request is not medically necessary and appropriate.