

Case Number:	CM14-0113343		
Date Assigned:	08/01/2014	Date of Injury:	05/15/2000
Decision Date:	09/29/2014	UR Denial Date:	07/11/2014
Priority:	Standard	Application Received:	07/17/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 67-year-old individual was reportedly injured on May 15, 2000. The mechanism of injury was noted as a slip and fall type event. The most recent progress note, dated April 22, 2014, indicated that there were ongoing complaints of right knee pain, low back pain, depression, insomnia and constipation. The physical examination demonstrated a 6 foot, 190 pound individual who was overweight and appeared chronically ill. A short shuffling gait was reported. There was cervical spine pain to palpation and facet joint tenderness. A decrease in cervical spine range of motion was reported. A decrease in lumbar spine range motion was also reported with diffuse tenderness to palpation. Diagnostic imaging studies were not reported, and it was noted that electrodiagnostic studies were not obtained. Previous treatment included lumbar laminectomy, multiple medications, and pain management interventions. A request had been made for electric scooter and an orthopedic mattress and was not certified in the pre-authorization process on July 11, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective request for 1 electric scooter: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 99.

Decision rationale: As noted in the MTUS, these devices are "not recommended if the functional mobility deficit can be sufficiently resolved by the prescription of a cane or walker" or if a manual wheelchair will suffice. Mobilization and exercise is encouraged in every aspect of the treatment. As such, the medical necessity for this device has not been established in the progress notes presented for review. Therefore, the request is not medically necessary.

Prospective request for 1 orthopedic mattress and box spring set: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Low back chapter updated, August 2014.

Decision rationale: The MTUS or ACOEM does not address this topic. The parameters outlined in the ODG were used. This is not recommended as treatment for low back pain. Therefore, based on the clinical information presented for review, the medical necessity has not been established. Therefore, the request is not medically necessary.