

Case Number:	CM14-0115117		
Date Assigned:	09/24/2014	Date of Injury:	12/09/1996
Decision Date:	10/24/2014	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	07/23/2014

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 Internal Medicine, has a subspecialty in Nephrology; and is licensed to practice in California. 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 58-year-old female who has submitted a claim for reflex sympathetic dystrophy syndrome; chronic pain syndrome, and lumbar degenerative disc disease associated with an industrial injury date of 12/09/1996. Medical records from 2014 were reviewed however; handwritten progress notes from primary physician cannot be clearly understood. Physical examination findings were not included in the medical records provided for review. Progress notes dated 05/22/2014 requested for a scooter for motorization/ local transportation. Letter of appeal from patient dated 07/08/2014 reiterated the need for scooter for mobilization outside the house as she can only walk short distances. Patient likewise mentioned that she has already used a cane, walker, and wheelchair however these devices caused additional complications to her hands. Medical documentation regarding failure of such devices was not included in the medical records provided for review. Treatment to date has included medications, physical therapy, and TENS. Utilization review, dated 07/03/2014 denied the request for scooter for motorization/ local transportation purposes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Scooter for motorization/local transportation purposes: 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 Power mobility devices, Page(s): 99.

Decision rationale: As stated on page 99 of the CA MTUS Chronic Pain Medical Treatment Guidelines, power mobility devices (PMDs) are not recommended if the functional mobility defect can be sufficiently resolved by the prescription of a cane or walker, or if the patient has sufficient upper extremity function to propel a manual wheelchair, or if there is a caregiver who is willing, available, and able to provide assistance with a manual wheelchair. In this case, patient's date of injury was 12/09/1996, there was no discussion regarding the inability of use of a cane, walker, or manual wheelchair. The patient reported that she has used a cane, walker, and wheelchair but medical records provided did not show documentation of such or failure from using those devices. Moreover, the medical records do not show evidence that patient is actually unable to propel a manual wheelchair since physical examination findings were not included. Therefore, the request for SCOOTER FOR MOTORIZATION/ LOCAL TRANSPORTATION PURPOSES is not medically necessary.