

Case Number:	CM14-0168594		
Date Assigned:	10/16/2014	Date of Injury:	06/14/2006
Decision Date:	12/16/2014	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	10/13/2014

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 & Rehabilitation, 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:

This is a 59-year-old male with a 6/14/2006 date of injury. The exact mechanism of the original injury was not clearly described. A progress reported dated 9/4/14 noted subjective complaints of severe 8/10 lower back pain and difficulty walking, sitting, and ambulating. Objective findings included antalgic gait with single point cane and tenderness to palpation of the paraspinal muscles. It notes that since the patient is having difficulty ambulating and frequent episodes of falling, a motorized scooter is being requested. Diagnostic Impression: lumbar spinal stenosis Treatment to date includes: medication management, physical therapy, and lumbar decompression and fusion. A UR decision dated 10/3/14 denied the request for a motorized scooter. There are no objective findings to indicate he is unable to ambulate with the cane or a walker. Furthermore, documentation does not support inability to propel a manual wheelchair.

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 132.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state 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. However, while the documentation notes antalgic gait with his cane and frequent falls, there is no documentation of inability to utilize a walker. Additionally, there is no documentation to suggest the patient does not have the ability to propel a manual wheelchair. Therefore, the request for a motorized scooter is not medically necessary.