

Case Number:	CM14-0178946		
Date Assigned:	11/03/2014	Date of Injury:	07/23/2013
Decision Date:	12/08/2014	UR Denial Date:	10/13/2014
Priority:	Standard	Application Received:	10/28/2014

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, has a subspecialty in Pain Medicine 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 62-year-old female with an original date of injury of July 23, 2013. The injured body regions include the right leg, lumbar spine, and telephone area. The industrial diagnoses include chronic low back pain, pain in the joint of the lower leg, ankle/foot pain, and ankle/foot contusion. Diagnostic workup has included x-rays of the lumbar spine which revealed mild degenerative changes. These x-rays were done on May 1, 2014. The patient is noted to be morbidly obese at 5'2" and 285 pounds. Conservative therapies have included aquatic therapy, physical therapy, pain medications, and activity modification. According to a progress report on date of service August 28, 2014, the injured worker has been off work since the original date of injury.

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 Official Disability Guidelines

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

Decision rationale: Regarding the request for an electric scooter, Chronic Pain Medical Treatment Guidelines state that powered mobility devices are not recommended if the functional 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. The patient is noted to be morbidly obese at 5'2" and 285 pounds. Within the documentation available for review, the notes indicate that one of the patient's goals at physical therapy was to be to ambulate with a single-point cane for 100 feet with less than 5/10 pain, as documented in a note on date of service 3/21/2014. There is no mention of attempts to use a manual chair, and there is no indication of issues in the upper extremities. Without documentation of failure of manual propulsion wheelchairs, the current request for an electric scooter is not medically necessary.