

Case Number:	CM14-0183938		
Date Assigned:	11/12/2014	Date of Injury:	12/08/1999
Decision Date:	12/15/2014	UR Denial Date:	10/13/2014
Priority:	Standard	Application Received:	11/04/2014

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 General Preventive Medicine and is licensed to practice in Indiana. 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 employee is a 59 year old male with date of injury of 12/8/1999. A review of the medical records, indicate that the patient is undergoing treatment for intervertebral disc disease of the lumbar spine with lumbago. Subjective complaints include continued low back pain with lower extremity numbness and tingling. Objective findings include limited range of motion of the lumbar spine with tenderness to palpation of the paravertebrals and positive straight leg raise bilaterally. MRI revealed stenosis of the L4-L5 level. Treatment has included Vicodin, physical therapy, and a HEP device. The utilization review dated 10/13/2014 non-certified a motorized scooter or cart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Motorized scooter or cart: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Power Mobility Devices (PMDs) Page(s): 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Power Mobility Devices (PMDs), Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee, Powered Mobility Devices

Decision rationale: The chronic pain guidelines state the following regarding motorized wheel chairs: "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." Additionally, Official Disability Guidelines (ODG) comments on motorized wheelchairs and says the following: "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. (CMS, 2006) 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." Based on the medical records, it is clear that the injured worker is able to hold onto objects and get around his house. There is no medical documentation that states the patient does not have sufficient upper extremity strength to propel a manual wheelchair or that there is no caregiver available. Therefore, the request for a motorized wheelchair is not medically necessary.