

Case Number:	CM14-0216135		
Date Assigned:	01/06/2015	Date of Injury:	10/14/2009
Decision Date:	03/03/2015	UR Denial Date:	12/04/2014
Priority:	Standard	Application Received:	12/24/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, Ohio, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of October 14, 2009. In a Utilization Review Report dated December 4, 2014, the claims administrator failed to approve a request for a motorized scooter. The claims administrator referenced progress notes of October 6, 2014, October 24, 2014, and November 21, 2014, in its determination. Despite the fact that MTUS addressed the topic, the claims administrator nevertheless invoked non-MTUS ODG Guidelines to deny the request. The applicant's attorney subsequently appealed. In a June 9, 2014 progress note, the applicant reported persistent complaints of right knee and low back pain. A 5/10 pain was noted. The attending provider stated that the applicant had issues with foot drop. The applicant was on Norco, Restoril, Viagra, and Neurontin. The applicant was status post earlier multiple lumbar spine surgeries, it was acknowledged and had developed issues with complex regional pain syndrome. The applicant received a knee viscosupplementation injection. Permanent work restrictions were renewed. On November 21, 2014, the applicant reported ongoing complaints of low back and bilateral knee pain. The applicant was using Norco, Restoril, Viagra, and Neurontin. A surgical scar was noted about the lumbar spine. The applicant was using a cane and ankle foot orthoses. The attending provider suggested that the applicant was pending a consultation with a joint replacement specialist. The attending provider stated that the applicant had fallen multiple times and was at high-fall risk owing to his various issues including foot drop secondary to lumbar radiculopathy, knee pain secondary to knee

arthritis, and lumbar radiculopathy with foot drop. A mobility scooter, an H-wave device, Norco, Viagra and Restoril were endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Mobility Scooter: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg Chapter

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

Decision rationale: Yes, the proposed mobility scooter was medically necessary, medically appropriate, and indicated here. While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that power mobility devices are not recommended if an applicant's functional mobility deficits are such that it can be sufficiently resolved with usage of a cane, walker and/or manual wheelchair, in this case, however, the treating provider contended on a November 12, 2014 progress note, that the applicant's functional mobility deficits were sufficiently profound as to require provision of a motorized scooter. The applicant was described as having fallen on several occasions. The applicant was described as having issues with foot drop and having issues with knee arthritis, all of which were rendering the applicant somewhat unstable. Usage of a cane was apparently insufficient to rectify the applicant's functional mobility deficits, the attending provider contended. Introduction of a mobility scooter was, thus indicated on or around the date in question. Therefore, the request was medically necessary.