

Case Number:	CM15-0016433		
Date Assigned:	02/04/2015	Date of Injury:	06/05/2002
Decision Date:	03/25/2015	UR Denial Date:	01/14/2015
Priority:	Standard	Application Received:	01/28/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 male, who sustained an industrial injury on June 5, 2002. The injury was related to a crush injury involving multiple body parts. The diagnoses have included lumbar disc disease with psychotherapy, speech therapy, dental consultation, radiculopathy, spinal/lumbar degenerative disc disease, cervical pain, and post-cervical laminectomy syndrome, aqua therapy and mood disorder. Treatment to date has included lumbar epidural injection, medication, C4-C7 fusion with corpectomy. Currently, the injured worker complains of back pain. He has an antalgic gait and is assisted by walker His gait is slowed and stooped. He uses a rollator four wheel walker for ambulation and lumbar support brace. The injured worker requested a mobility scooter due to his difficulty with ambulation and being confined to his home. On January 14, 2015 Utilization Review non-certified a request for Mobility Scooter, noting that power mobility devices are not recommended if the functional mobility can be sufficiently resolved by the prescription of a cane or walker. The California Medical Treatment Utilization Schedule was cited. On January 28, 2015, the injured worker submitted an application for IMR for review of Mobility Scooter.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 mobility scooter: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Power mobility devices (PMDs) Page(s): 99.

Decision rationale: The claimant has a remote history of a work injury occurring more than 10 years ago. He has an antalgic and slow and stooped gait and uses a rollator style walker. Power mobility devices (PMDs) 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. If there is any mobility with canes or other assistive devices, a motorized scooter is not essential to care. In this case, the claimant is able to ambulate with a walker. The information provided does not confirm that his mobility deficit cannot be resolved through the use of an optimally configured manual wheelchair. He has bilateral upper extremity strength of at least 4/5 without reported decrease in range of motion affecting his upper extremities. The requested scooter is not medically necessary.