

Case Number:	CM15-0017644		
Date Assigned:	02/05/2015	Date of Injury:	05/05/2008
Decision Date:	03/25/2015	UR Denial Date:	01/14/2015
Priority:	Standard	Application Received:	01/29/2015

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: California, Indiana, New York
Certification(s)/Specialty: Internal 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 injured worker is a 62 year old female who sustained a work related injury on May 5, 2008, after a trip and fall injuring her back. Magnetic Resonance Imaging (MRI) revealed multiple disc bulges. Diagnoses included multiple level disc lesions and spondylosis, chronic low back and neck pain, cervical radiculopathy and myofascial pain and spasms. Treatment consisted of pain medications, home exercise program and physical therapy. Currently, on December 29, 2014, upon examination, the injured worker complained of neck pain while using her cane and front wheeled walker. She complained of right hip pain and has difficulty performing household functions. She was prescribed a Fentanyl Patch for pain. On February 5, 2015, a request for an electric motorized scooter was non-certified by Utilization Review, noting the California Medical Treatment Utilization Schedule.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient durable medical equipment (DME) consisting of Electric motorized scooter:
Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee and leg section, Power mobility devices

Decision rationale: Pursuant to the Official Disability Guidelines, outpatient DME: electric motorized scooter is not medically necessary. Power mobility devices are not recommended if the functional mobility deficit can be sufficiently resolved by the prescription of a cane or walker for the patient has sufficient upper extremity function to propel a manual wheelchair or there is a caregiver was 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. In this case, the injured worker's working diagnoses are status post AC DF C3 - C6 April 25, 2013; L3 - L4 grade 1 spondylolisthesis stenosis; and history of smoking. The documentation indicates the injured worker has a mild antalgic gait. The injured worker must use a cane to help with mobilization. Reportedly, the injured worker has pain with ambulation using assistive devices. However, the guidelines clearly state: "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."The documentation states the injured worker has a normal upper extremity motor examination. The injured worker has mobility with a cane and, as a result, a motorized scooter is not essential to care. Consequently, absent clinical documentation in contravention of the recommended guidelines, outpatient DME: electric motorized scooter is not medically necessary.