

Case Number:	CM15-0112464		
Date Assigned:	06/18/2015	Date of Injury:	11/26/2012
Decision Date:	11/10/2015	UR Denial Date:	05/13/2015
Priority:	Standard	Application Received:	06/10/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 61 year old male, who sustained an industrial-work injury on 11-26-12. A review of the medical records indicates that the injured worker is undergoing treatment for chronic pain syndrome, multiple open fractures of pelvis with disruption of pelvic circle, and T2-3 fracture dislocation requiring T1-4 instrumented fusion. Medical records dated 4-1-15 indicate that the injured worker complains of weakness of the left lower extremity (LLE) relating to a sciatic nerve injury from his pelvic fracture. He has persistent pain in the upper thoracic and periscapular area. The medical record dated 4-13-15 the physician indicates that the injured worker has significant pain in the left lower back in the posterior pelvic area. Per the treating physician report dated 4-8-15 the injured worker has not returned to work. The physical exam dated 4-1-15 reveals he stands with a normal posture and good sagittal balance. He walks with a normal gait, able to heel toe walk and no evidence of ataxia. There is to the paraspinal muscles at the cervicothoracic junction. The lower extremities have full range of motion with no instability of the hips, knees and ankles. Treatment to date has included pain medication, chiropractic, diagnostics, T1-4 fusion, sacroiliac joint injections, physical therapy, and other modalities. X-Ray of the pelvis dated 4-13-15 reveals that the patient is post screw fixation of the sacrum and open reduction internal fixation (ORIF) of the symphysis pubis. The distal end of the sacral screw is fractured. The fixation hardware for the pubic symphysis is intact. There are healing fractures within the inferior pubic rami and acetabula. The request for authorization date was 5-5-15 and requested service included Purchase of a motorized scooter. The original Utilization review dated 5-13-15 non-certified-the request for Purchase of a motorized scooter.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of a motorized scooter: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation 2015 ODG Power Mobility devices.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Power mobility devices (PMDs).

Decision rationale: Based on the 4/1/15 progress report provided by the treating physician, this patient presents with left lower extremity weakness, and persistent pain in upper thoracic and periscapular area. The treater has asked for purchase of a motorized scooter but the requesting progress report is not included in the provided documentation. The patient's diagnosis per request for authorization dated 5/5/15 is closed fracture of thoracic vertebra. The patient is s/p T2-3 fracture dislocation requiring T1-4 instrumented fusion from 2.5 years ago, and s/p removal of instrumentation 1 year ago for persistent pain per 4/1/15 report. Radiographs of the thoracic spine show a solid fusion with no hardware per 4/1/15 report. The patient has had improvement in range of motion of neck/back and the pain is less severe per 9/22/14 report. The patient has been taking medications on PRN basis and is scheduled for knee meniscus repair per 9/22/14 report. The patient continues wearing support for left-sided foot drop, and the patient is using a cane for support per 9/22/14 report. As of 4/1/15 report, the patient stands with normal posture, and walks with a normal gait with no evidence of ataxia. The patient's work status is not included in the provided documentation. MTUS Guidelines, Power Mobility Devices Section, page 99 states: "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." The treater does not discuss this request in the reports provided. The patient does have left-sided lower extremity weakness. The patient has used assistive devices (a cane) as recently as 9/22/14 but is not using any currently. As of requesting 4/1/15 report, the patient stands with a normal posture and is able to walk with a normal gait. There is no documentation of any difficulty in ambulating or any deficits that would require a motorized scooter. Therefore, the request IS NOT medically necessary.