

Case Number:	CM15-0120738		
Date Assigned:	07/01/2015	Date of Injury:	07/31/2001
Decision Date:	08/04/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	06/22/2015

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: Family Practice

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 72 year old retired male who reported an industrial injury on 7/31/2001. His diagnoses, and/or impressions, are noted to include: lumbar stenosis and myofascial pain; and intervertebral disc disease. No current x-rays were noted; a recent magnetic resonance imaging of the lumbar spine was noted on 11/14/2014, and a computed tomography scan of the abdomen and pelvis was said to be done on 12/29/2014. His treatments have included consultations; physical therapy and medication management. The progress notes of 6/3/2015 reported a follow-up visit with the request of the injured worker for a motorized scooter. Objective findings were noted to include stable vital signs, and the notation that he continues to have pain in the lumbar regions with limited mobility. The physician's requests for treatments included a motorized scooter so that he can endure the activities of daily living without restricted mobility.

IMR ISSUES, DECISIONS AND RATIONALES

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

Motorized scooter QTY: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 106.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Motorized scooter QTY: 1 Page(s): 98-99.

Decision rationale: According to the MTUS guidelines, 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. The guidelines state that 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 medical records do not establish that the injured worker's mobility deficit cannot be sufficiently resolved by the prescription of a cane or walker or that he is unable to propel a manual wheelchair. The medical records do not establish that the injured worker meets the criteria for a power mobility device. The request for Motorized scooter QTY: 1 is not medically necessary and appropriate.