

Case Number:	CM15-0126770		
Date Assigned:	07/13/2015	Date of Injury:	12/27/2012
Decision Date:	08/07/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	06/30/2015

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 50-year-old male who sustained an industrial injury on 12/27/12. Initial complaints and diagnoses are not available. Treatments to date include surgery, spinal cord stimulator, and medications. Diagnostic studies include MRIs and electrodiagnostic studies. Current complaints include multiple falls. Current diagnoses include lumbar herniations with radiculopathy and complex regional pain syndrome. In a progress note dated 05/29/15, the treating provider reports the plan of care as a motorized scooter for ambulation, as well as a surgical evaluation. The requested treatment includes a motorized scooter.

IMR ISSUES, DECISIONS AND RATIONALES

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

Motorized scooter (for ambulation): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: The claimant sustained a work-related injury in December 2012 and continues to be treated for chronic pain including diagnoses of lumbar radiculopathy and CRPS

affecting the right upper extremity. When seen, he was requesting a walker. There had been several falls. Prior physical examination findings are consistent with severe right upper extremity CRPS consistent with nonfunctional use of the right upper extremity. 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 does not appear to currently use any assistive device. The information provided does not confirm that the mobility deficit cannot be resolved with the use of a cane or hemi walker. The requested scooter is not considered medically necessary.