

Case Number:	CM15-0128848		
Date Assigned:	07/15/2015	Date of Injury:	06/12/1988
Decision Date:	08/11/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/03/2015

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: Preventive Medicine, Occupational 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(n) 76 year old male, who sustained an industrial injury on 8/12/88. He reported chest pain and shortness of breath related to cumulative trauma. The injured worker was diagnosed as having congestive heart failure, ventricular tachycardia, ischemic heart disease and peripheral vascular disease. Treatment to date has included several cardiac surgeries, an ICD placement, an EKG on 9/16/14 showing sinus rhythm with occasional premature ventricular contractions and several cardiac medications. On 5/19/15, the treating physician noted that the injured worker is a functional class III heart failure status and his mobility would be greatly enhanced with an electric wheel chair. As of the PR2 dated 5/26/15, the injured worker reports shortness of breath with minimal activity such as walking across the house. He also feels very weak in the legs. The treating physician noted the injured worker's EKG showed mild concentric left ventricular hypertrophy, LV ejection fraction is 30-35% and pulmonary artery systolic pressure is 42.7mmHg. The injured worker weighs 241 pounds and height is 5'9. The treating physician requested a 4-wheeled motorized scooter.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 wheel motorized scooter Qty:1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PMP.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Power Mobility Devices (PMDs) Section Page(s): 99.

Decision rationale: Per the MTUS Guidelines, the use of 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. 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, there is no documentation that states there are no family members or caregivers that are available or willing to assist the injured worker. The request for 4 wheel motorized scooter Qty:1 is not medically necessary.