

Case Number:	CM15-0178852		
Date Assigned:	09/21/2015	Date of Injury:	12/16/1999
Decision Date:	10/23/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	09/10/2015

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: 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 an 80 year old female, who sustained an industrial injury on December 16, 1999. She reported multiple joints and back pain. The injured worker was diagnosed as having chronic pain syndrome. Treatment to date has included medications, wheelchair for locomotion and rest. Currently, the injured worker continues to report bilateral shoulder pain, low back pain and bilateral hip pain with associated crepitus, decreased mobility, joint instability, locking and tenderness. It was noted she was wheelchair bound. The injured worker reported an industrial injury in 1999, resulting in the above noted pain. She was without complete resolution of the pain. Evaluation on July 23, 2015, revealed continued pain as noted. She rated her pain at 10 on a 1-10 scale with 10 being the worst. She described the pain as nagging, constant and incapacitating. Evaluation on August 21, 2015, revealed continued pain as noted. She rated her pain at 10 on a 1-10 scale. It was noted she was in a wheelchair for locomotion. She noted the pain was constant and described it as aching. She noted the pain was improved with medications. The RFA included requests for an evaluation for a power mobility device and a portable scooter (Rx 8/21/15) and was non-certified on the utilization review (UR) on September 3, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Portable scooter (Rx 8/21/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

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, the injured worker is stated to be wheelchair bound. There is no mention of her not being able to propel herself in the wheelchair. There is also no mention of a lack of caregiver assistance in this case, therefore, the request for portable scooter (Rx 8/21/15) is not medically necessary.

Evaluation for power mobility device: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

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, the injured worker is stated to be wheelchair bound. There is no mention of her not being able to propel herself in the wheelchair. There is also no mention of a lack of caregiver assistance in this case, therefore, the request is not medically necessary.