

Case Number:	CM15-0179591		
Date Assigned:	09/21/2015	Date of Injury:	03/23/2007
Decision Date:	10/29/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	09/11/2015

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 59 year old male, who sustained an industrial injury on March 23, 2007. Medical records indicate that the injured worker is undergoing treatment for cervical spinal stenosis with left radiculitis, bilateral shoulder sprain-strain, lumbar spine sprain-strain with left radiculopathy, bilateral wrist sprain-strain, borderline right carpal tunnel syndrome, bilateral knee sprain-strain, right knee osteoarthritis, left knee degenerative joint disease and sleep disturbance. The injured worker was temporarily totally disabled. Current documentation dated July 29, 2015 notes that the injured worker reported continued bilateral knee pain rated 6 out of 10 and constant low back pain rated 7-8 out of 10 on the visual analogue scale. Objective findings note that the injured worker walked gingerly with a cane and had an antalgic gait. Documentation dated July 6, 2015 notes the injured worker had low back pain rated 8 out of 10 which increased by the end of the day. The low back pain radiated to the left leg with associated weakness, numbness and tingling. The injured workers symptoms increased while attempting to climb stairs as well as prolonged walking and performing normal activities of daily living. Treatment and evaluation to date has included medications, MRI of the bilateral knees (3-23-2015), acupuncture treatments, physical therapy, chiropractic treatments, function capacity evaluation, right shoulder surgery, left wrist surgery and bilateral knee surgery. The MRI of the right knee revealed a recurrent tear in the posterior horn remnant. MRI of the left knee revealed a recurrent tear in the apical free edge, posterior horn remnant. Current medications include Tramadol. Treatments tried and failed include physical therapy, acupuncture treatments and a home exercise program. The treating physician's request for authorization dated August 1, 2015,

requested for a motorized scooter. The Utilization Review documentation dated August 13, 2015 non-certified the request for 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: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Power mobility devices.

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

Decision rationale: The 59 year old patient complains of low back pain, rated at 7-8/10, and bilateral knee pain, rated at 6/10, as per progress report dated 07/29/15. The request is for **MOTORIZED SCOOTER**. The RFA for this case is dated 08/06/15, and the patient's date of injury is 03/23/07. The patient is status post two left wrist surgeries 23 years ago, status post left ankle surgery 23 years ago, status post right knee surgery in 1999/2000, status post right shoulder surgery in 2007/2008, and status post left knee surgery in 2000 and 2008, as per progress report dated 07/06/15. Diagnoses included lumbar sprain/strain, lumbar paraspinal muscle spasms, lumbar disc herniations, lumbar radiculitis/radiculopathy of the left lower extremity, sacroiliitis of left sacroiliac joint, and chronic pain. Medications included Soma, Tramadol and compounded creams. Diagnoses, as per progress report dated 07/29/15, included lumbar sprain/strain, bilateral shoulder sprain/strain and internal derangement, left wrist internal derangement, borderline right carpal tunnel syndrome, lumbar sprain/strain with peroneal and sural neuropathy, bilateral knee sprain/strain, and right knee osteoarthritis. The patient is temporarily totally disabled, as per progress report dated 07/29/15. MTUS Chronic Pain Medical Treatment Guidelines, page 99, under Power mobility devices (PMDs) 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." In this case, the request for the motorized scooter is noted in progress report dated 07/29/15. The treater does not explain the purpose of this request. The patient does complain of knee pain and sacroiliac joint pain along with upper extremity issues such as carpal tunnel syndrome and bilateral shoulder sprain/strain and internal derangement, which may prevent him from used a manual wheelchair. However, a review of the reports indicates that the patient received a prescription for a cane on 05/07/15. The treater does not document the extent of mobility achieved with the help of the cane. MTUS supports the use of motorized scooters only if the immobility cannot be "sufficiently resolved by the prescription of a cane or walker." Given the lack of relevant documentation regarding the impact of the cane, the request IS NOT medically necessary.