MAXIMUS Federal Services

Case Number:	CM15-0072375		
Date Assigned:	04/22/2015	Date of Injury:	04/18/2005
Decision Date:	05/20/2015	UR Denial Date:	04/02/2015
Priority:	Standard	Application Received:	04/16/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 72 year old male, who sustained an industrial injury on 4/18/2005. Diagnoses have included low back pain status post fusion 2007 with revision in 2009. Treatment to date has included physical therapy and medication. According to the progress report dated 2/20/2015, the injured worker complained of low back pain. He reported that Norco brought his pain down from 9/10 to 6/10. He state that his back pain caused him to struggle more and he requested a scooter to help him get around. The injured worker walked slowly with a cane with a mildly antalgic gait. Authorization was requested 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 between 3/27/2015 and 5/11/2015: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Power mobility devices (PMDs).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Section, Power Mobility Device.

Decision rationale: Pursuant to the Official Disability Guidelines, motorized scooter between March 23, 2015 and May 11, 2015 is not medically necessary. Power mobility devices (PMD) 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's working diagnosis is low back pain, status post fusion 2007 with revision in 2009. The medical record contains 25 pages. The most recent progress note in the medical record is February 20, 2015. The injured worker is a 72-year-old man with primary complaints of low back pain. The documentation indicates the injured worker struggles with getting around as he is getting old. The worker ambulates using a cane with a mild antalgic gait. Subjectively, according to a February 20, 2015 progress note, the worker complains of low back pain with a VAS score of 6/10. Objectively, the documentation states the injured worker continues to walk slowly with a cane with a mild antalgic gait. There are no other objective clinical findings documented. The guidelines do not recommend a power mobility device if functional mobility can be sufficiently resolved by the prescription of a cane or walker. The injured worker uses a cane to ambulate. There is no clinical indication or rationale for a motorized. There is no contemporaneous documentation between March 23, 2015 and May 11, 2015. Consequently, absent clinical documentation with a clinical indication and rationale for a power mobility device (from the most recent progress note dated February 20, 2015), motorized scooter between March 23, 2015 and May 11, 2015 is not medically necessary.