

Case Number:	CM15-0077957		
Date Assigned:	04/29/2015	Date of Injury:	03/03/1973
Decision Date:	05/26/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	04/23/2015

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: Family Practice

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 69 year old male who sustained an industrial injury on 3/3/73. The injured worker reported symptoms in the right lower extremity. The injured worker was diagnosed as having traumatic amputation of leg. Treatments to date have included oral pain medication, occupational therapy, status post right below knee amputation, and below knee amputation prosthesis. Currently, the injured worker complains of right below knee amputation stump discomfort. The plan of care was for a [REDACTED] Mule.

IMR ISSUES, DECISIONS AND RATIONALES

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

[REDACTED] mule: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99.

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

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of power mobility devices. The [REDACTED] Mule is an all terrain vehicle designed for

industrial/outdoor work. The MTUS Guidelines do not specifically mention the [REDACTED] Mule; however, it is appropriate to apply the MTUS guidelines for power mobility devices to this request. Power assisted devices 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 insufficient evidence in support of the medical need for a [REDACTED] Mule. Therefore, a [REDACTED] Mule is not a medically necessary device.