

Case Number:	CM15-0094019		
Date Assigned:	05/20/2015	Date of Injury:	07/07/2005
Decision Date:	06/25/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	05/15/2015

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 53 year old male patient who sustained an industrial injury on 07/07/2005. A primary treating office visit dated 11/07/2014 reported the patient with subjective complaint of having much low back and left shoulder pain that is beginning to click. He reports the depression is getting worse and he is still reluctant to take anti-depressant. His activity level has decreased and he's gained weight. Current medications are: Losartan, Triamterene/HCTZ, Atenolol, and Omeprazole. The following diagnoses are applied: chronic pain state/chronic headaches; dyspepsia/GERD; type II DM; anxiety/depression; insomnia; hypertension; obesity, and hypogonadism with erectile dysfunction. The plan of care noted the patient urged to begin antidepressant Lexapro, continue with current medications, and reviewed weight loss measure. He is partially permanently disabled. On 12/08/2014, he had a psychiatric follow up visit under the treating diagnoses of posttraumatic stress disorder, and major depressive disorder, pain disorder. The plan of care involved: recommendation to start Brintellix trail 5-10mg daily; no benzodiazepines yet. A primary treating follow up in 12/2014 reported subjective complaint of: cervical spine, lumbar spine, bilateral shoulders, right wrist, left knee, left foot, and right foot pains. In addition, he is having difficulty sleeping. Objective findings showed tenderness and decreased range of motion to cervical spine, lumbar spine, bilateral shoulders, right wrist, left knee, and bilateral feet. The following diagnoses are applied: loss of sleep and chronic pain due to multiple body part injury. The plan of care involved: dispensing the following: Anaprox, Xanax, and Prilosec. The following were prescribed: Gabapentin, and a topical compound cream. He is to remain off from work duty through 01/23/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Scooter to prevent incapacitating pain from weight bearing: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Power Mobility Devices (PMDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Power mobility devices (PMDs)- Scooter Page(s): 100.

Decision rationale: Per MTUS Guidelines regarding power mobility devices such as scooters, they 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. The patient remains ambulatory and does not appear to be homebound. The criteria for the power mobility device have not been met from the submitted reports. There is no documented specific corresponding clinical motor or neurological deficits of the upper extremities to contradict the use of the single point cane or walker. The Scooter to prevent incapacitating pain from weight bearing is not medically necessary and appropriate.