

Case Number:	CM15-0094739		
Date Assigned:	05/20/2015	Date of Injury:	10/21/1998
Decision Date:	06/22/2015	UR Denial Date:	04/22/2015
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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 56 year old male, who sustained an industrial injury on 07/09/1998. He has reported subsequent back and right lower extremity pain and was diagnosed with lumbar degenerative disc disease, lumbar radiculopathy, low back pain and chronic pain syndrome. Treatment to date has included oral pain medication, injections, physical therapy and a TENS unit. In a progress note dated 04/15/2015, the injured worker complained of back and right lower extremity pain. Objective findings were notable for an antalgic gait, decreased sensation over the right leg in the L5-S1 dermatome, pain to palpation of the sciatic notches, tenderness of the sacroiliac joints, positive Patrick's and Gaenslen's maneuver on the right and tenderness of the paraspinals with muscle spasms on the right lumbosacral area. The physician noted that the injured worker was only able to walk 50 feet without a problem. A request for authorization of a Viking motorized scooter was submitted to assist with mobility over uneven surfaces and long distances.

IMR ISSUES, DECISIONS AND RATIONALES

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

Viking Motorized Scooter: 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) Knee and Leg - Online Version, Power Mobility Devices (PMDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Power Mobility Devices Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Powered Mobility Devices.

Decision rationale: The chronic pain guidelines state the following regarding motorized wheel chairs: "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." Additionally, ODG comments on motorized wheelchairs and says the following: "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. (CMS, 2006) 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." From the medical notes, it is clear that she is able to hold onto objects and get around the house. There is no medical documentation that the patient does not have sufficient upper extremity strength to propel a manual wheelchair or that there is no caregiver available. As such, the request for a Viking Motorized Scooter is not medically necessary.