

Case Number:	CM15-0094953		
Date Assigned:	05/21/2015	Date of Injury:	07/14/1998
Decision Date:	08/18/2015	UR Denial Date:	05/06/2015
Priority:	Standard	Application Received:	05/18/2015

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, North Carolina
 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 59 year old female, who sustained an industrial injury on 7/14/98. She reported low back pain. The injured worker was diagnosed as having lumbar stenosis with right L5 radicular pain and lumbar facet joint syndrome. Treatment to date has included transforaminal epidural injections, lumbar facet joint medial branch blocks, chiropractic treatment, physical therapy, and medication. On 4/21/14, the injured worker complained of low back pain and right buttock pain with radiation to the leg. The treating physician requested authorization for an electric scooter.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electric scooter: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Power mobility devices (PMD) Page(s): 99.

Decision rationale: CA MTUS Guidelines provides limited support for PMD, such as an electric scooter. PMD are not supported in the patient's functional deficit can be sufficiently resolved by the prescription of a cane or walker, or if the patient has sufficient upper extremity function to propel a manual wheelchair. In this case, there is no documentation from the claimant's physician that the patient is unable to self-propel a manual wheelchair. There is also no functional assessment of the patient's home or mobility needs or deficits. Due to this lack of information, the request is not medically necessary.