

Case Number:	CM15-0099987		
Date Assigned:	06/02/2015	Date of Injury:	10/15/2004
Decision Date:	06/30/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	05/25/2015

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: New Jersey

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 58 year old female, who sustained an industrial injury on 10/15/2004. She reported running Alzheimer's disease falling in a gopher hole. The injured worker was diagnosed as having spinal stenosis with neurogenic claudication and lumbar post laminectomy syndrome. There is no record of a recent diagnostic study. Treatment to date has included 2 back surgeries, spinal pain pump, walker, straight cane, physical therapy, psycho-social therapy and medication management. In a progress note dated 2/19/2015, the injured worker complains of low back pain radiating to the bilateral lower extremities that has improved with the spinal pain pump. Physical examination showed lumbar tenderness. The treating physician is requesting a shower chair and an electric scooter.

IMR ISSUES, DECISIONS AND RATIONALES

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

Shower chair for home use per 4/23/15 order: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee and Leg section, DME.

Decision rationale: The MTUS Guidelines are silent in regards to durable medical equipment (DME). The ODG, however, states that durable medical equipment may be recommended generally if there is a medical need and if the device or system meets Medicare's definition of a DME: 1. Can withstand repeated use, i.e., could normally be rented, and used by successive patients; 2. Is primarily and customarily used to serve a medical purpose; 3. Generally is not useful to a person in the absence of illness or injury; and 4. Is appropriate for use in a patient's home. In the case of this worker, and according to the records presented for review, the worker reported having frequent falls associated to her pain, especially since her pain pump was implanted. The provider requested a shower chair due to her request. It is reasonable to suggest a shower chair would be medically necessary considering these recent falls in order to help prevent a fall in the shower, which might lead to an emergency. The request is medically necessary.

Electric scooter for home use per 4/23/15 order: 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).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Power mobility devices (PMDs), p. 99.

Decision rationale: The MTUS Chronic Pain Treatment Guidelines state that in cases of chronic pain from a previous injury, power mobility 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 the case of this worker, there was insufficient evidence that a motorized scooter was medically necessary over and above the need for a wheelchair or her current walker as there was no mention in the documentation of any difficulty getting around with the walker or any information that she would be unable to use a wheelchair. Therefore, without supportive evidence for this request, the electric scooter will be considered not medically necessary at this time.