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**Notice of Independent Medical Review Determination**

Dated: 9/12/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee: [REDACTED]  
Claim Number: [REDACTED]  
Date of UR Decision: 7/11/2013  
Date of Injury: 11/18/2004  
IMR Application Received: 7/15/2013  
MAXIMUS Case Number: CM13-0001466

- 1) MAXIMUS Federal Services, Inc. has determined the requested TravelScoot (Lightweight mobility scooter) **is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/15/2013 disputing the Utilization Review Denial dated 7/11/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/17/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the requested TravelScoot (Lightweight mobility scooter) **is not medically necessary and appropriate.**

### Medical Qualifications of the Expert Reviewer:

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in California. 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 treatments and/or services at issue.

### Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated July 11, 2013

"The employee is a 47 year old female injured on 11/18/2004. Physical/mental, shoulder (left) lower back area, chest/ribs, hip (left) have been accepted by the carrier."

### Documents Reviewed for Determination:

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application for Independent Medical Review (dated 7/15/2013)
- Medical Records from [REDACTED] (dated 7/11/12-6/20/13)
- Medical Records from [REDACTED] (dated 7/23/12-8/23/12)
- Medical Records from [REDACTED] (dated 12/7/12-6/28/13)
- Medical Records from [REDACTED] (dated 4/8/13)
- Chronic Pain Medical Treatment Guidelines MTUS 2009: Power Mobility Devices (page 99)

### 1) Regarding the request for a TravelScoot (Lightweight mobility scooter):

#### Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Centers for Medicare and Medicaid Services (CMS), which is a Medical Treatment Guideline (MTG), and not part of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert

Reviewer found the Chronic Pain Medical Treatment Guidelines (May 2009), pg. 99 of 127, which is part of the MTUS, relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee sustained a work-related injury on November 18, 2004 to the left shoulder, lower back, left hip, and chest/ribs. The medical records provided for review indicate a diagnosis of left shoulder, left side of the body, and left hip pain. The request is for a TravelScoot (lightweight mobility scooter).

The MTUS Chronic Pain guidelines, indicate that 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." The medical records provided for review do not show the employee's impairment to basic activities of daily living, and there is no clear documentation on the degree of impairment to the legs affecting the ability to walk. The request for a TravelScoot (Lightweight mobility scooter) is not medically necessary and appropriate.

**Effect of the Decision:**

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely;

Richard C. Weiss, MD, MPH, MMM, PMP  
Medical Director

cc: Department of Industrial Relations  
Division of Workers' Compensation  
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Oakland, CA 94612

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Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.