

Case Number:	CM14-0141304		
Date Assigned:	09/10/2014	Date of Injury:	04/02/1984
Decision Date:	10/23/2014	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	09/02/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 70-year-old female who reported an injury on 04/02/1984. The mechanism of injury was not provided within the medical records. The clinical note dated 09/02/2014 indicated diagnoses of status post L3-5 decompression, L4-5 fusion, and right L4, L5, and S1 nerve irritation. The injured worker reported numbness to her lumbar spine and legs and pain when sleeping on back. The injured worker reported her left leg buckled she had difficulty with ambulating. On physical examination of the cervical spine there was numbness in the hands and fingers. The injured worker reported she was being sent to pain management. The injured worker had right leg numbness with difficulty driving. The injured worker's treatment plan included awaiting motorized scooter authorization. The injured worker's prior treatments included diagnostic imaging, surgery, and medication management. The injured worker's medication regimen included Celebrex, Norco, and Butrans patch. The provider submitted a request for 1 motorized scooter. A Request for authorization was not submitted for review to include the date the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 motorized scooter: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg, Power mobility devices (PMDs).

Decision rationale: The Official Disability Guidelines do not recommend power mobility devices (PMDs) 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. There was a lack of documentation indicating the injured worker is unable to use a cane or walker or is unable to propel a manual wheelchair. In addition, it was not indicated that the injured worker did not have a caregiver available willing or able to provide assistance with a manual wheelchair. Moreover, the provider did not indicate a rationale for the request. Therefore, the request for 1 motorized scooter is not medically necessary.