

Case Number:	CM14-0154632		
Date Assigned:	09/24/2014	Date of Injury:	01/28/2006
Decision Date:	11/03/2014	UR Denial Date:	09/02/2014
Priority:	Standard	Application Received:	09/22/2014

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 Occupational Medicine 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 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 claimant injured her low back on 01/28/06 through 11/13/11 due to cumulative trauma. An electric scooter has been requested and is under review. The claimant is status post back surgery with radiculopathy. She had a right side laminectomy in 02/12. On 07/09/14, physical examination revealed full strength in the lower extremities. She had tenderness but no deficits other than decreased sensation. She needed to lose 40-50 pounds prior to surgery. On 07/10/14, there is mention of an EMG and a block. She was off work. She was evaluated on 07/25/14 and weight reduction had been recommended. She had more difficulty walking even though she had a walker with a seat and wheels. She had difficulty with the left leg with symptoms going to her foot with tingling. Straight leg raise test was positive and range of motion of the lumbar spine was decreased. Due to difficulty walking, purchase of an electrical scooter was recommended. She has been prescribed multiple medications. She was evaluated on 08/01/14. Her medications were beneficial. She had difficulty with long-term walking and standing. She had pain in both knees. She was status post bilateral lumbar facet medial branch nerve blocks, 3 lumbar ESIs, PT, acupuncture, and chiropractic with no benefit. She had failed most conservative care. Lumbar fusion had been recommended. Physical examination revealed she was ambulatory with a walker. She had decreased range of motion and a positive straight leg raise bilaterally. She had mild weakness in the lower extremities. She was diagnosed with mild foraminal stenosis and small disc protrusions with advanced degenerative facet disease. She had grade 1 spondylolisthesis and also had insomnia, anxiety, and depression due to chronic pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electric Scooter Purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Power mobility devices (PMDs). Decision based on Non-MTUS Citation ACOEM Guidelines; regarding motorized cart in management of injuries chapter 8 - 14

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Guidelines, Page(s): 131.

Decision rationale: The history and documentation do not objectively support the request for an electric scooter. The MTUS state "Power Mobility devices (PMDs) 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 this case, there is no evidence that the claimant requires this type of device and no specific indication has been explained in the records. There is no evidence that the claimant is unable to use other manual devices such as a cane, walker, or even a manual wheelchair and no evidence that the claimant has no one to help propel a manual wheelchair. . There is evidence that she has reasonable strength in her lower extremities, though she has back and knee pain. There is no documentation of problems with her upper extremities such that she cannot operate a manual wheelchair. The medical necessity of the purchase of an electric scooter under these circumstances has not been clearly demonstrated.