

# MATUTECH, INC.

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## Notice of Independent Review Decision

**DATE OF REVIEW:** September 2, 2009

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Power operated vehicle, group 2 heavy duty, patient weight capacity 301 to 450 pounds

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION**

Fellow American Academy of Physical Medicine and Rehabilitation

**REVIEW OUTCOME**

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

X Upheld (Agree)

Medical documentation **does not support** the medical necessity of the health care services in dispute.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

- Utilization reviews (04/23/09, 06/10/09, 06/17/09)
- Office visits (05/14/09)
  
- Utilization reviews (06/10/09 – 06/18/09)

[ODG has been utilized for the denials.](#)

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient is a xx-year-old male who sustained a work-related injury to the pelvis and lower back on xx/xx/xx.

No treatment details are available between 2006 and 2008.

On April 2, 2009, , M.D., requested authorization for mobility scooter as the patient was unable to self-propel his wheelchair due to severe left shoulder pain. The diagnoses were lumbar radiculopathy, right leg pain and right pelvis fracture.

On April 23, 2009, , M.D., performed a utilization review and noted the following history: *Magnetic resonance imaging (MRI) done on June 14, 2007 showed a healed pelvic fracture. An electromyography (EMG) showed chronic right-sided L3-L4 radiculopathy. An MRI of the lumbar spine done on November 15, 2007, was negative.* Dr. opined the request for purchase of heavy duty powered operated vehicle was not medically necessary. Rationale: *“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 request is going to a peer review because the current physical demand level (PDL) is unclear. Additionally, it is unclear if this level of DME is required.”*

On May 14, 2009, Dr. evaluated the patient for low back pain, right leg pain, and groin pain with very limited mobility. The patient ambulated with a single-point cane with increased pain. He could not walk beyond 50 feet without severe pain requiring a break. He had chronic left rotator cuff tear, which was never repaired as he lost health insurance. He had burning sensation from his elbow into his left arm along the medial margin with use of the arm. There was occasional numbness and burning with stiff range of motion (ROM). Examination revealed antalgic gait, shortened right step length with limp, mild loss of lordosis of the lumbar spine, tenderness along the right L4-L5 facet joint, and positive straight leg raise (SLR) on the right. Dr. diagnosed right lumbar radiculopathy, right leg pain, depressive disorder, insomnia and prescribed Lunesta, Nexium, Lyrica, Effexor XR, and Norco.

On June 10, 2009, , M.D., an occupational and preventive medicine specialist, denied the request for the power operated vehicle, group 2 heavy duty, patient weight capacity 301 to 450 pounds. Rationale: *“The patient’s injury is two-and-a-half years old. He has a wife who can assist him in a manual wheelchair. The patient sustained an on-the-job injury to the pelvic and the lumbar area on xx/xx/xx. MRI done on June 14, 2007, showed a healed pelvic fracture, an electromyography (EMG) showed chronic right-sided L3-L4 radiculopathy, and an MRI of the lumbar spine done on November 5, 2007, was negative. This request was non-authorized by peer review on April 29, 2009.”*

On June 17, 2009, , M.D., an orthopedist, performed a utilization review wherein he opined the request for powered wheelchair was not medically necessary. In addition to the rationale given by Dr. , Dr. stated early exercise, mobilization, and independence should be encouraged at all steps of the injury recovery process, and if there was any mobility with canes or other assistive devices, a motorized scooter was not essential to care.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION.**

After review of the records and appropriate reference material the diagnoses do not require the use of a motorized power scooter. The fracture has healed and MRI was normal and related to the old injury; a motorized unit is not reasonable

or medically necessary. There is no evidence in the medical records reviewed for the need of a motorized scooter.

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

**X ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**

**X BRADDOM'S PHYSICAL MEDICINE AND REHABILITATION**