

Case Number:	CM13-0010921		
Date Assigned:	03/24/2014	Date of Injury:	03/13/2007
Decision Date:	04/30/2014	UR Denial Date:	08/06/2013
Priority:	Standard	Application Received:	08/14/2013

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 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 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:

This 58 year-old male groundskeeper sustained an injury when he stepped in a hole and fell on 3/13/07 while employed by the [REDACTED]. Request under consideration include purchase of a motorized scooter. Patient has multiple claim history of cumulative trauma spanning over several decades. Diagnoses include lumbar spinal stenosis/ spondylosis; osteoarthritis; shoulder sprain; tenosynovitis/ synovitis; cervical spinal stenosis; and thoracic disc displacement. There is an AME report of 5/7/09 noting subrosa video with patient seen walking and apparently volunteering at a gas station; however the lumbar spine impairment rating was not changed and cervical spine was noted without impairment or neurological involvement. AME re-evaluation report of 2/11/13 noted the patient is not working and is receiving social security benefits. The patient continues with neck, left shoulder, wrist/hands, thoracic and lumbar spine pain. Presently, the patient is able to lift and carry 50 pounds comfortably. His medications include prescriptions for hypertension and diabetes conditions. Exam of cervical spine showed limited range; no spasm; motor strength 5/5 throughout upper extremity muscles bilaterally with normal sensation and negative Spurling's and compression testing; normal wrist range with negative Tinel's and compression signs; lumbar exam with no tenderness in spinous process and muscles; range limited by pain; 5/5 bilateral motor strength in lower extremities with normo-active reflexes; decreased sensation at L4 and S1. Impairment rating and apportionment were determined due to pre-existing conditions. Supplemental report of 7/18/13 from the provider noted patient two months for cervical discectomy and fusion. Cervical collar and ProStim muscle stimulation unit was recommended. Patient has significant lumbar spine pain with weakness of legs. Recommendation of motorized scooter was non-certified on 8/6/13 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

PURCHASE OF A MOTORIZED SCOOTER: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES-TREATMENT FOR WORKERS' COMPENSATION (TWC), CALIFORNIA MTUS: WEB-BASED EDITION: [HTTP://WWW.DIR.CA.GOV/T8/CH4_5SBIAS5_5_2.HTML](http://www.dir.ca.gov/t8/ch4_5sbia5_5_2.html).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines POWERED MOBILITY DEVICES Page(s): 100.

Decision rationale: This patient has significant lumbar spine pain with weakness of legs (no specific motor exam or muscle grading provided). Per MTUS Guidelines regarding power mobility devices such as scooters, they 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. There is no notation the patient has been utilizing any walking aid Durable Medical Equipment (DME) such a single point cane. Recent AME report showed 5/5 motor strength in the upper and lower extremity muscles without clear neurological deficits. There is no physical therapy report identifying any Activities Of Daily Living (ADL) limitations or physical conditions requiring a purchase of amotorized scooter nor is there any failed trial of other non-motorized walking aide. The criteria for the power mobility device has not been met from the submitted reports. There is no documented clinical motor or neurological deficits of the upper extremities to contradict the use of the single point cane as the patient was ambulation without any walking aide. The purchase of a motorized scooter is not medically necessary and appropriate.