

<b>Case Number:</b>	CM13-0020025		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	08/06/2004
<b>Decision Date:</b>	11/21/2014	<b>UR Denial Date:</b>	08/29/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/03/2013

### 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 Occupational Medicine, has a subspecialty in Preventive 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain, leg pain, and upper extremity pain with derivative complaints of psychological stressors reportedly associated with an industrial injury of August 6, 2004. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of chiropractic manipulative therapy; opioid therapy; adjuvant medications; psychotropic medications; and earlier lumbar spine surgery. In a Utilization Review Report dated August 29, 2013, the claims administrator denied a request for an electric scooter, citing a report dated July 11, 2013. The applicant's attorney subsequently appealed. It did not appear, however, that the July 11, 2013 progress note made available to the claims administrator was incorporated into the IMR packet, however. In an August 25, 2013 progress note, the applicant reported 5/10 pain with medications versus 7-8/10 pain without medications. The applicant apparently complained that she had not received a electric scooter and reported difficulty with community ambulation. The applicant's medication list included morphine, Percocet, Wellbutrin, Prozac, and Desyrel. The applicant did have complaints of neck and shoulder pain. The attending provider suggested that the applicant had residual spinal stenosis. The attending provider suggested that the applicant should perform physical therapy, walk, and do exercises at home. The applicant's work status was not clearly outlined. In a September 19, 2013 progress note, the applicant again presented with multifocal neck, back, and upper extremity pain complaints. The applicant's gait was not described on this occasion. The applicant was given prescriptions for morphine, Percocet, Wellbutrin, Prozac, and Restoril. The applicant was asked to remain as active as possible. A July 24, 2013 chiropractic progress note did suggest that the applicant was ambulating with the aid of a cane.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**ELECTRIC SCOOTER:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Power Mobility Devices

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Power Mobility Devices Page(s): 99.

**Decision rationale:** As noted on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines, power mobility devices such as the electric scooter at issue are "not essential to care" and not recommended if an applicant's functional deficits can be sufficiently resolved through usage of a cane, walker, and/or manual wheelchair. In this case, the attending provider has not outlined the extent, nature, severity, and/or scope of the applicant's functional mobility deficits (if any). The applicant's gait was not clearly detailed or characterized on the progress notes provided, although it was acknowledged that the July 11, 2013 progress note on which the article at issue was sought was seemingly not incorporated into the Independent Medical Review packet. The progress notes which were no file, however, including an August 22, 2013 progress note, referenced above, did encourage the applicant to remain active and walk at home. A July 24, 2013 chiropractic progress note did suggest that the applicant was able to ambulate through the aid of a cane. All of the foregoing, taken together, suggests that the applicant is capable of ambulating either of her own accord or through the aid of a cane, effectively obviating the need for the electric scooter at issue. Therefore, the request is not medically necessary and appropriate.