

<b>Case Number:</b>	CM13-0021961		
<b>Date Assigned:</b>	11/13/2013	<b>Date of Injury:</b>	07/18/1995
<b>Decision Date:</b>	01/07/2014	<b>UR Denial Date:</b>	08/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Sports Medicine and is licensed to practice in New York and Texas. 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 physician 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 patient is a 63-year-old male who sustained an occupational injury on 07/18/1995. The patient is status post multiple lumbar surgeries and continues to have sharp/stabbing pain along the anterior thigh of both legs, numbness/burning/throbbing pain in his low back, right greater than left, and numbness and tingling of his feet bilaterally. Prior treatment history includes water therapy, land therapy, 2 separate spinal cord stimulator trials, fentanyl patches, fentanyl lollipops, and OxyContin. The patient is currently being maintained on Norco and Keppra and is currently awaiting approval for surgical intervention at L1-5.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**A lift for a scooter:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Anthem Utilization Management Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee Chapter, Power Mobility Devices..

**Decision rationale:** The California MTUS is silent on the issue of power mobility devices. Therefore, the ODG were referenced and indicate that a power mobility device is 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. According to the documentation submitted for review from 10/22/2013, the patient does have a longstanding history of low back and lower extremity pain. Subjective documentation from that indicates the patient has low back pain with lower extremity pain. Objective documentation revealed the patient had an antalgic gait with the use of a cane. Furthermore, the documentation on that day indicates that the patient could walk up to 500 feet before being exhausted and having a substantial decrease in his oxygen saturation. Not only is there a lack of documentation provided to indicate that the patient has any issues with his upper extremities or his cardiovascular/pulmonary condition that would prevent the use of a manual wheelchair for completion of activities of daily living, but guidelines specifically indicate that if there is any mobility with canes or other assistive devices, a motor scooter is not essential to care. The documentation specifically indicates that this patient is capable of walking up to 500 feet at this time. Therefore, this patient does not appear as though he would qualify for the use of a power mobility device. As such, the use of a power mobility device lift for the patient's vehicle would not be warranted either. The request for a lift for a scooter is not medically necessary and appropriate.