

<b>Case Number:</b>	CM13-0031987		
<b>Date Assigned:</b>	12/04/2013	<b>Date of Injury:</b>	03/02/2006
<b>Decision Date:</b>	03/11/2014	<b>UR Denial Date:</b>	09/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/04/2013

### 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 and Rehabilitation, has a subspecialty in Interventional Spine, 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 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:

This patient is a 65-year-old female with date of injury of 03/12/2006. A progress report from 09/12/2013 has diagnoses of impingement right shoulder, FBSS, and SI joint pain. Presenting subjective complaints include low back pain. Under treatment plan, the request is for a scooter, and also OxyContin, Percocet, and tizanidine. Under "practitioner's space," it states that the patient is complaining of increasing right shoulder pain and seems to be getting headaches from methadone and would like to go back to OxyContin. According to the medical records, the patient "has difficulty performing errands - cannot walk for extended periods." A report from 08/15/2013 by [REDACTED] states, "Amb with walker."

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One motorized scooter:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** This patient presents with chronic low back pain and hip joint pain with failed back surgery syndrome. The treating physician has requested for a motorized scooter per a report from 08/15/2013. The medical records provided for review indicate that the patient is ambulating with a walker and has difficult time walking for long distance. The MTUS Chronic Pain Guidelines state car-mobility devices are not recommended if the functional mobility deficit can be sufficiently resolved by the prescription of a cane, a walker, if 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. In this case the patient is able to ambulate with a walker, and the treater does not document upper extremity function, or whether or not the patient is able to propel a manual wheelchair, and there is no discussion regarding a lack of a caregiver who can assist this patient with a manual wheelchair for community ambulation. Consequently, the request is not medically necessary and appropriate.