

<b>Case Number:</b>	CM13-0042690		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	03/02/2006
<b>Decision Date:</b>	02/25/2014	<b>UR Denial Date:</b>	10/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/30/2013

### 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 Orthopedic Surgery 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:

The patient is a 63-year-old gentleman who was injured on 03/02/06. The clinical records for review documented a progress report by [REDACTED] dated 09/26/13 indicating subjectively that the claimant is four months following last assessment with "no change in symptoms" to the lumbar spine. Objectively, there was noted to be "no change in symptoms with a right lower extremity drop foot." An electric scooter is recommended to assist with mobility at that time.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**electric scooter, prescribed (Rx)-09/17/13:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Official Disability Guidelines Treatment in Worker's Comp, 18th Edition, 2013 Updates: knee procedure - Power mobility devices (PMDs)

**Decision rationale:** California MTUS Guidelines are silent. When looking at Official Disability Guidelines criteria, a power mobility device for this claimant would not be indicated. While the claimant has with a diagnosis of a drop foot, there is no documentation to identify why he would

be unable to utilize a non-powered wheelchair for assistance and support. At present, there is no compromising documentation for use of his upper extremities. This specific request for a power mobility device at this stage in the claimant's course of care would not be indicated.