

<b>Case Number:</b>	CM13-0067551		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	10/04/1996
<b>Decision Date:</b>	04/21/2014	<b>UR Denial Date:</b>	11/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/17/2013

### 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 & Rehabilitation, has a subspecialty in Pediatric Rehabilitation Medicine and is licensed to practice in 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 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 patient is a 65-year-old female who reported an injury on 10/04/1996. The mechanism of injury is noted to be lifting. Her diagnoses include lumbar post-laminectomy syndrome, status post L3-4, L4-5, and L5-S1 posterior lumbar interbody fusion, status post right total knee replacement, reactionary depression and anxiety, hypertension, status post left rib fracture, and ITMP placement. The patient's symptoms are noted to include significant lower back pain. It was noted the patient had been evaluated by her treating physician on 10/15/2013 and rated her pain at 7/10. It was noted the patient takes oral medications and has an intrathecal infusion pump. She was also noted to have significant functional limitations due to her ongoing and debilitating pain in her lower back and relies on a 4-wheel walker, but remains a high fall risk. It was noted the patient suffered a fall two weeks prior to her visit when her legs gave out at home. Her objective findings include unsteadiness on her feet, but she uses the aid of a walker for correction, tenderness over the pump site on the right abdomen with mild swelling, tenderness to palpation on the posterior lumbar musculature, and significant muscle spasm and increased muscle tone throughout the lumbar spine. It was also noted that the patient's treatments include home health aide services.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PURCHASE OF MOTORIZED SCOOTER:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**Decision rationale:** According to Official Disability Guidelines, power mobility devices are not recommended if the functional mobility deficit can be sufficiently resolved by the prescription of a cane or walker or when the patient has sufficient upper extremity function to propel a manual wheelchair, or when there is a caregiver available to provide assistance with a manual wheelchair. Guidelines further state that exercise, continued mobilization, and independence should be encouraged at all steps of the injury recovery process. It further states that when there is any mobility with canes or other assistive devices, motorized scooters or not essential to care. The clinical information submitted for review indicates the patient has a significant risk of falling due to her debilitating back pain. However, her most recent clinical note indicates the patient is able to ambulate with use of a 4-wheel walker. Additionally, her physical examination failed to reveal evidence of decreased motor strength in either lower extremity. Furthermore, it is noted the patient currently is utilizing the assistance of a home health aide. As the guidelines specifically state that when the patient has any mobility with use of a cane or other assistive device, a motorized scooter is not essential, and as the patient does not have documented motor strength loss in the lower extremities or in the upper extremities, it is not clear the patient would not be able to propel a manual wheelchair. Based on this information, the request for a motorized scooter is not supported.