

<b>Case Number:</b>	CM13-0070933		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	03/02/2004
<b>Decision Date:</b>	04/22/2014	<b>UR Denial Date:</b>	12/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/26/2013

### 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 and Rehabilitation, has a subspecialty in Pain 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 injured worker is a 40-year-old female with a date of injury of March 2, 2004. The diagnoses include chronic low back pain, chronic pain syndrome, and gait impairment. The patient is noted to be overweight. The patient complains of low back pain with radiation to the lower extremities with associated leg numbness. The disputed request is for purchase of an electric scooter due to gait impairments. A utilization review determination on December 2, 2013 noncertified this request. The reviewer cited guidelines from the Chronic Pain Medical Treatment Medical Guidelines which specify that a patient should only have a power mobility device if the functional mobility deficit is unable to be resolved with other assistive devices such as a cane or walker. The reviewer noted that there is no documentation of upper extremity weakness, and the patient can possibly benefit from these non-motorized assistive devices.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PURCHASE OF ELECTRIC SCOOTER (FOR GAIT IMPAIRMENT D/L LBP): Upheld**

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

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

**Decision rationale:** The Chronic Pain Medical Treatment Medical Guidelines state on page 99 the following: "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, or there is a caregiver who is available, willing, and able to provide assistance with a manual wheelchair. Early exercise, mobilization and independence should be encouraged at all steps of the injury recovery process, and if there is any mobility with canes or other assistive devices, a motorized scooter is not essential to care." In the case of this injured worker, there is noted documentation of upper extremity weakness. There is documentation of some chronic right shoulder pain, but there is no indication that the patient cannot use manual assistive devices. The patient is noted to be severely obese, but is noted on examination on date of service December 20, 2013 to ambulate without assistive devices. This patient should be initially trialed on mechanical assistance devices such as pain or walkers before she demonstrates medical necessity of a powered scooter. This request is recommended for non-certification at this time.