

<b>Case Number:</b>	CM14-0130593		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	08/11/2011
<b>Decision Date:</b>	10/22/2014	<b>UR Denial Date:</b>	08/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/15/2014

### 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 Emergency 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 injured worker is a 55-year-old male who reported injury on 08/11/2011 due to an unspecified mechanism of injury. The injured worker complained of increasing low back pain radiating down to his legs. He utilized a cane with walking, since his cane broke, he has been utilizing a wheelchair. Diagnostics included an electromyogram/nerve conduction velocity study, on 04/12/2013 that revealed abnormal lower extremity radiculopathy at the L4, L5 and S1. The injured worker's prior treatments included an epidural steroid injection that decreased his pain from 10/10 to a 5/10 that showed a 50% decrease in pain symptomatology. The objective evaluation to the lumbar spine revealed restrictive mobility with flexion only reaching 30 degrees, extension was 15 degrees, bending to the right 20 degrees and left 20 degrees. Straight leg raise was 70 degrees bilaterally positive with Lasegue's test bilaterally equivocal. The reflexes to the knees were 1+ bilaterally, ankles 0 to 1+ bilaterally. Palpation revealed tightness with spasm in the paraspinal muscles with hypoesthesia noted at the anterolateral aspect of the foot and ankle of incomplete nature noted at the L3-4 and the L4-5 and the L5-S1 dermatome level. Weakness also noted of the big toe. The MRI evaluation from 02/05/2014 showed disc protrusion particularly at the L4-5. The medications were not noted. The treatment plan included motor scooter with ramp. The Request for Authorization dated 09/16/2014 was submitted with documentation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Motor scooter with ramp:** Upheld

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

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

**Decision rationale:** The request for the Motor Scooter with Ramp is not medically necessary. The California MTUS/ACOEM do not address. The Official Disability Guidelines do not recommend if the functional mobility deficit can be significantly resolved by the prescription of a cane or walker, or the patient lacks significant upper extremity function to propel a manual wheelchair, or there is a caregiver who is willing and available to provide manual assistance with manual wheelchair. Early exercise, mobilization and independence should be encouraged at all the 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. The documentation indicated that the injured worker had the ability to use a cane; however, their cane broke and the injured worker should be able to get another prescription for a cane. The documentation did not rule out a cane, walker or manual wheeler chair. The upper body strength was not address in the clinical notes as to why the injured worker would not be able to propel a manual wheel chair. The clinical notes did not address what activities of daily living within the home the injured worker was not able to perform without the use of scooter or if the injured worker had a caretaker that assist with his activities of daily living. The documentation did not address the distance the injured worker was able to ambulate. As such, the request is not medically necessary.