

<b>Case Number:</b>	CM14-0132575		
<b>Date Assigned:</b>	08/22/2014	<b>Date of Injury:</b>	03/01/2007
<b>Decision Date:</b>	09/23/2014	<b>UR Denial Date:</b>	08/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2014

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 61-year-old female who has submitted a claim for lumbar sprain/strain, bilateral carpal tunnel syndrome, trigger thumb, bilateral, left elbow pain, left upper extremity pain, headaches, anxiety and depression, sleep disturbance, internal medicine problems, chronic left ankle sprain/strain lumbar sprain, and morbid obesity; associated with an industrial injury date of 03/01/2007. Medical records from 2012 to 2014 were reviewed and showed that patient complained of ongoing low back, neck and knee pain. Physical examination showed that the patient had an antalgic gait. Tenderness was noted over the occipital insertion of the paracervical musculature, bilateral hands, thoracolumbar spine, buttocks, medial aspect of the bilateral knees, and medial and lateral aspects and plantar surface of the left ankle. Range of motion was decreased; reflexes were normal, motor testing showed normal strength in the upper extremities. Sensation was diffusely decreased, and pain in the low back, neck and knees. Motor testing showed weakness and numbness in both hands, and slight weakness in knee extension due to pain. Sciatic stretch test was mildly positive. Sensation was intact in both lower extremities. Head compression was mildly positive. Tinel's and Phalen's signs were positive. Treatment to date has included medications, physical therapy, and surgery. Utilization review, dated 08/11/2014, denied the request for a motorized scooter because there was no documentation of functional deficits in the patient that would require a motorized scooter as supposed to a cane or wheelchair; and no documentation of significant upper extremity weakness and instability to push a manual wheelchair.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Motorized Scooter:** Upheld

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

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

**Decision rationale:** As stated on page 99 of the CA MTUS Chronic Pain Medical Treatment Guidelines, power mobility devices (PMDs) are not recommended if the functional mobility defect can be sufficiently resolved by the prescription of a cane or walker, or if the patient has sufficient upper extremity function to propel a manual wheelchair, or if there is a caregiver who is willing, available, and able to provide assistance with a manual wheelchair. In this case, there was no discussion regarding the inability of use of a cane or manual wheelchair. Moreover, the medical records do not show evidence of the patient's inability to propel a manual wheelchair as his upper extremity muscle strength was normal. Therefore, the request for **MOTORIZED SCOOTER** is not medically necessary.