

<b>Case Number:</b>	CM14-0132813		
<b>Date Assigned:</b>	08/22/2014	<b>Date of Injury:</b>	09/08/2007
<b>Decision Date:</b>	09/30/2014	<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 Family 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:

This is a 54 year old female with a 9/8/07 injury date. She was riding with a colleague in a golf cart responding to an emergency when the cart abruptly turned and ejected her from the cart. She suffered an open fracture of the right ankle and mid-shaft fibula as well as injuries to her hip and shoulder. She has since had multiple surgeries. In a follow-up on 7/18/14, subjective complaints included right leg pain, left shoulder pain, and left knee pain. The objective findings included using manual wheelchair for ambulation, swelling in the right foot and ankle, and moderate obesity. In a report on 8/4/14, the provider notes that the patient's use of her manual wheelchair is aggravating and worsening her shoulder and hand issues. She is only able to use the right hand to move her wheelchair. Authorization was requested for a motorized scooter. The diagnostic impression included complex regional pain syndrome (CRPS) right lower extremity, left knee osteoarthritis, left shoulder tendonitis. The treatment to date includes acupuncture, medications, physical therapy and multiple surgeries. A UR decision on 8/11/14 denied the request for motorized scooter on the basis that the patient is able to walk with a cane and walk over 50 feet. Therefore, the request did not meet criteria established by evidence based guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MOTORIZED SCOOTER PURCHASE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, KNEE AND LEG CHAPTER.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 132.

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines state that power mobility devices are 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. In the present case, there is not sufficient evidence that the patient cannot function without her current standard wheelchair and/or cane. There is no documentation that the patient cannot walk at least 50 feet or walk with the aid of a cane. It is not clear from the records why she has limitations in her extremities that preclude ambulating with a walking aid or using a standard wheelchair. Therefore, the request for motorized scooter purchase is not medically necessary.