

<b>Case Number:</b>	CM14-0136306		
<b>Date Assigned:</b>	09/03/2014	<b>Date of Injury:</b>	12/08/1997
<b>Decision Date:</b>	10/27/2014	<b>UR Denial Date:</b>	07/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2014

### 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 Physical Medicine & 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 records presented for review indicate that this 59-year-old female was reportedly injured on December 8, 1997. The mechanism of injury is noted as catching her leg between the rollers of a conveyor belt. The most recent progress note, dated September 3, 2014, indicates that there are ongoing complaints of a flare of low back pain with muscle spasms. There were also complaints of neck pain. The physical examination demonstrated ambulation with the assistance of a walker. There was thoracolumbar spasms worst on the right side and tenderness over the facet joints. There was tenderness at the right calf which was no worse with ankle flexion and extension nor was there any swelling to indicate DVT. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes physical therapy, home exercise, and oral medications. A request had been made for a motorized scooter and was not certified in the pre-authorization process on July 21, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DME - motorized scooter:** 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, Power mobility devices (PMDs)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg, Power Mobility Device, Updated October 7, 2014.

**Decision rationale:** The Official Disability Guidelines recommends the use of a power mobility device such as a scooter if the ambulation problem cannot be sufficiently resolved by the prescription of a cane or a walker or if the injured employee has sufficient upper extremity function to propel a manual wheelchair. The progress note dated September 3, 2014, indicates that the injured employee has the ability to ambulate with the assistance of a walker. As such, this request for a motorized scooter is not medically necessary.