

<b>Case Number:</b>	CM14-0161397		
<b>Date Assigned:</b>	10/06/2014	<b>Date of Injury:</b>	07/10/1996
<b>Decision Date:</b>	11/06/2014	<b>UR Denial Date:</b>	09/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2014

### 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 Orthopedic Surgery 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 71-year-old female who sustained a vocational injury while attempting to restrain an agitated, hostile psychiatric patient on 07/10/96. The office note dated 09/17/14 indicates that the claimant was given diagnoses of post-lumbar laminectomy syndrome and lumbar radiculopathy. On exam, she has an antalgic gait which was wide-based and was assisted by a wheelchair. Range of motion of the thoracic spine was restricted with pain on range of motion. She had tenderness to the lower thoracic paravertebrals. On examination of the lumbar spine, it was noted that she had a well-healed surgical incision and range of motion was restricted with pain. On palpation, the paravertebral muscles were noted to have spasm bilaterally. Lumbar facet loading was positive bilaterally. Straight leg raise testing was positive at 60 degrees in a sitting position. She had a positive FABER's test. Ankle jerk was 1/4 bilaterally. The patellar jerk was 1/4 on the right side and 2/4 on the left side. The claimant had tenderness noted over the lower lumbar spine. She was noted to have 4-/5 strength with all testing in the bilateral lower extremity dermatomes. She had atrophy of the quadriceps femoris. The gastrocnemius appeared atrophied on the left. She moved all extremities well. Light touch sensation was decreased over the lateral foot, lateral calf, and anterior and lateral thigh bilaterally. She was noted to have difficulty extending the arm with the left elbow. The current request is for a motorized scooter.

### 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 (PMDs) Page(s): 99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Power mobility devices Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Knee & Leg chapter: Power mobility devices (PMDs)

**Decision rationale:** Based on the California Chronic Pain Guidelines and supported by the Official Disability Guidelines, the request for a motorized scooter is not recommended as medically necessary. The Chronic Pain and Official Disability Guidelines do not recommend power mobility devices unless there is documentation supporting that the claimant cannot get by with a cane or walker, or that the claimant has a lack of significant upper extremity function to propel a manual wheelchair, or if a caregiver is unavailable/unwilling to provide assistance with a manual wheelchair. There is no documentation supporting the criteria set forth by both guidelines to support medical necessity for a motorized scooter. Subsequently, the request cannot be considered medically necessary.