

<b>Case Number:</b>	CM14-0034132		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	03/08/1994
<b>Decision Date:</b>	07/15/2014	<b>UR Denial Date:</b>	03/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/19/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine, and is licensed to practice in Minnesota. 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 68-year-old female who reported an injury on 03/08/1994. The mechanism of injury was not provided. The clinical note dated 02/04/2014 noted the injured worker presented with difficulty sleeping at night due to pain, acute exacerbations of low back pain radiating down her left leg, when she walked her legs give way and she has fallen multiple times even with use of a walker. Upon examination, the injured worker ambulated with the aid of a cane, has difficulty rising from a seated position, and the lumbar spine range of motion values were 40 degrees of forward flexion, 10 degrees of extension, and 30 degrees of lateral bending. There was a positive sitting straight leg raise on the left. Prior treatment included injections and medications. The diagnoses were history of right shoulder arthroscopy, lumbar spinal stenosis, probable complete tear of right rotator cuff, status post placement of the spinal cord stimulator, history of bilateral total knee arthroplasties, recurrent right carpal tunnel syndrome, status post open reduction, prosthetic fracture of the right lower extremity, and status post left ring trigger finger release. The provider recommended an electric scooter due to the fact that the injured worker is having difficulty walking for any distance as her leg gives way quite often and she has fallen multiple times. He stated that she was at risk for new injuries due to falls. The request for authorization form is dated 02/21/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ELECTRIC SCOOTER:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 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.

**Decision rationale:** The Official Disability Guidelines does not recommend electric scooters 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. Early exercise, mobilization, and independence should be encouraged at all steps of the injury recovery process, if there is any mobility with canes or other assistive devices, a motorized scooter is not essential to care. The included medical documents lack evidence that the injured worker is unable to self-propel a manual wheelchair. The included medical documents do not list any functional deficits in relation to upper extremity function, and independence should be encouraged at all steps of the injury recovery process. As such, the request for Electric Scooter is not medically necessary and appropriate.