

<b>Case Number:</b>	CM14-0059874		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	04/03/2009
<b>Decision Date:</b>	08/08/2014	<b>UR Denial Date:</b>	04/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/30/2014

### 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 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 patient of the date of injury of April 3, 2009. A utilization review determination dated April 22, 2014 recommends noncertification for an electric scooter and a vehicle hitch. Noncertification was recommended due to the patient's ability to walk 100 yards with a cane. A note dated March 24, 2014 indicates that the patient uses a cane and can walk 100 yards but may benefit from an electric scooter and vehicle hitch. A report dated December 14, 2012 includes subjective complaints of right ankle and right foot pain with persistent swelling in his right lower extremity. The current activities include walking short distances doing like cooking, light housecleaning, and light shopping. Maximal physical activities includes physical therapy and walking. Diagnoses include MRSA, status post skin graft in the right ankle, status post extensive deep vein thrombosis, history of pulmonary emboli, obesity, and history of duodenal ulcer.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 electric scooter and hitch for vehicle:** 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 & Leg (Acute & Chronic): Power mobility Devices (PMDs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 99 of 127.

**Decision rationale:** Regarding the request for an electric scooter and hitch, Chronic Pain Medical Treatment Guidelines state that powered mobility devices are not recommended if the functional 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. Within the documentation available for review, the notes indicate that the patient is able to ambulate independently. As such, the request for an Electric Scooter and Hitch is not medically necessary.