

<b>Case Number:</b>	CM14-0190508		
<b>Date Assigned:</b>	11/24/2014	<b>Date of Injury:</b>	08/28/2010
<b>Decision Date:</b>	01/09/2015	<b>UR Denial Date:</b>	10/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/14/2014

### 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 Internal 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 patient is an injured worker with the diagnoses of lumbosacral strain and lumbosacral disc degeneration. The date of injury is 08/28/2010. The functional restoration program discharge summary report dated August 27, 2014 documented that the patient had chronic pain due to the lumbosacral strain, lumbosacral disc degeneration, adjustment disorder with depressed mood, abnormality of gait, and cervical radiculopathy. Mechanism of injury was motor vehicle accident. The progress report dated 9/30/14 documented subjective complaints of head, neck, lower back, and shoulder pain. Objective findings were documented. No tenderness to palpation was noted. Lower extremity weakness was noted. He is in no apparent distress. He is alert and oriented to person, place, time, and event. Judgement, insight, and memory appear intact. Breathing is unlabored. No warmth over the joints noted. No erythema noted over joints. No crepitus noted in the joints. Patellar reflex are 1+ bilaterally. Achilles tendon reflex are 1+ bilaterally. Diagnosis was lumbosacral disc degeneration. He is currently ambulating with a four wheel walker with hand brakes and a seat. His four wheel walker with hand brakes and a seat has been helpful and effective for short distances particularly around the neighboring home. The treatment plan included a request for a power scooter.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Power Scooter for purchase:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Knee & Leg, Power Mobility Devices (PMD)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Power mobility devices (PMD) Page(s): 99.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines states 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. If there is any mobility with canes or other assistive devices, a motorized scooter is not essential to care. The progress report dated 9/30/14 documented that the patient is currently ambulating with a four wheel walker with hand brakes and a seat. His four wheel walker with hand brakes and a seat has been helpful and effective for short distances particularly around the neighboring home. No upper extremity functional deficit was noted on physical examination. Per MTUS, power mobility devices are not recommended if the functional mobility deficit can be sufficiently resolved by the prescription of a walker or the patient has sufficient upper extremity function to propel a manual wheelchair. Per MTUS, if there is any mobility with canes or other assistive devices, a motorized scooter is not essential to care. Therefore, the request for a power scooter is not supported by MTUS. Therefore, the request for Power Scooter for purchase is not medically necessary.