

<b>Case Number:</b>	CM15-0143630		
<b>Date Assigned:</b>	07/28/2015	<b>Date of Injury:</b>	08/29/1996
<b>Decision Date:</b>	08/28/2015	<b>UR Denial Date:</b>	07/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/14/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Texas, California  
 Certification(s)/Specialty: Family Practice

### 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 69 year old female patient, who sustained an industrial injury on 08/29/1996. She has reported injury to the neck, bilateral shoulders, bilateral hands, low back, and bilateral knees. The diagnoses have included cervical lymphadenopathy; bursitis of left knee; chronic pain syndrome; reflex sympathetic dystrophy; major depressive disorder; fibromyalgia; idiopathic progressive polyneuropathy; gastroesophageal reflux disease; and diverticulitis. Per the note dated 7/16/15, patient was presented for trigger point injection at left anserine bursa. Per the progress report from the treating physician, dated 03/16/2015, she had complains of mild lower abdominal pain and constipation; and she was in need of a new motorized scooter for her reflex sympathetic dystrophy. The physical examination revealed clear lungs; soft abdomen; and left lower quadrant tender to palpation with no rebound. The medications list includes Norco, Voltaren Gel, Lidoderm Patch, Nortriptyline, Zoloft, and Xanax. She has had CT soft tissue of neck dated 2/23/2015, which revealed left posterior parotid homogeneously enhancing ovoid shaped mass of approximately 1.8 x 1.4 x 2.4 cm. She has had cervical injections, walker, psychotherapy, and motorized scooter. Per the records provided she had scooter which was broken beyond repair. The treatment plan has included the request for replacement scooter.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Replacement scooter:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Power mobility devices (PMDs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines page 99 Power mobility devices (PMDs).

**Decision rationale:** Per the CA MTUS chronic pain guidelines, 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, or there is a caregiver who is available, willing, and able to provide assistance with a manual wheelchair." A detailed recent objective musculoskeletal and neurological exam documenting functional deficits that preclude use of other assistive devices or a manual wheelchair was not specified in the records provided. The absence of a caregiver who can propel a manual wheelchair is not specified in the records provided. Any other medical conditions that would completely compromise the patient's ability to use a manual wheelchair are not specified in the records provided. A replacement scooter is not medically necessary for this patient.