

<b>Case Number:</b>	CM15-0147502		
<b>Date Assigned:</b>	08/10/2015	<b>Date of Injury:</b>	12/18/2013
<b>Decision Date:</b>	09/08/2015	<b>UR Denial Date:</b>	07/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/28/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 51 year old female, who sustained an industrial injury on 12-18-2013. The mechanism of injury is unknown. The injured worker was diagnosed as having chronic neck pain with bilateral arm numbness, chronic low back pain and bilateral buttock pain, cervical spondylosis, lumbar spondylosis and obesity. There is no record of a recent diagnostic study. Treatment to date has included lumbar injection, chiropractic care, physical therapy and medication management. In a progress note dated 3-9-2015, the injured worker complains of right hand pain, neck pain and low back pain. Physical examination showed lumbar tenderness and tenderness in the right wrist, hand and fingers. The treating physician is requesting scooter rental for 1 year.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Scooter Rental x 1 year (Neck and Back): 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 Power Mobility Devices (PMDs) Page(s): 99.

**Decision rationale:** Regarding the request for scooter rental, CA MTUS 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, 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, and if there is any mobility with canes or other assistive devices, a motorized scooter is not essential to care. Within the documentation available for review, the aforementioned criteria have not been clearly identified. In light of the above issues, the currently requested scooter rental is not medically necessary.