

<b>Case Number:</b>	CM15-0168732		
<b>Date Assigned:</b>	09/09/2015	<b>Date of Injury:</b>	11/30/2010
<b>Decision Date:</b>	10/08/2015	<b>UR Denial Date:</b>	08/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2015

### 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: North Carolina  
 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:

The injured worker is a 53 year old female who was injured on 11-30-2010. The request is for the purchase of a 4 wheeled motorized seated lightweight scooter. The UR report dated 8-12-2015 indicated an adverse determination for the purchase of a 4 wheeled motorized seated lightweight scooter. The medical diagnoses included: degenerative joint disease of the hip, herniated nucleus pulposus of the lumbosacral spine, internal derangement of the ankle, and instability of the ankle. Subjective findings were: On 5-30-2015 he reported low back pain that was dull and aching with radiation to the right leg. He rated the pain 10 out of 10. Objective findings were: decreased deep tendon reflexes in the right leg. On 6-18-2015, he reported not attending therapy and not working. He indicated he was taking medications per the pain management physician. He reported increased low back pain and stiffness with radiation into the legs down to the right foot and ankle making it difficult to walk. He is noted to have muscle spasm in the mid back, low back, and backs of the thighs. He is 14 inches from touching his toes. On 7-18-2015, he reported low back pain with radiation into the bilateral lower extremities. He rated the pain 9 out of 10. He is status post spinal cord stimulator trial. He also reported bilateral hip pain. Diagnostic findings included: urine toxicology screening (7-24-2012), magnetic resonance imaging of the lumbar spine (11-13-2013 and 3-9-2015). The treatment to date included: psychiatric evaluation and therapy, and medications, spinal cord stimulator trial with good pain relief, lumbar surgery (1998, 7-24-2013), left hip surgery (March 2013). Work status reported as: off work. Several pages of the medical records have handwritten information which is difficult to decipher.

## **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Purchase of 4 wheel motorized seated lightweight scooter:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Power mobility devices (PMDs).

**Decision rationale:** The California MTUS section on powered mobility devices states: 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. Review of the provided medical records do not show criteria have been met for the request and thus it is not medically necessary.