

<b>Case Number:</b>	CM15-0222889		
<b>Date Assigned:</b>	11/18/2015	<b>Date of Injury:</b>	10/19/1995
<b>Decision Date:</b>	12/30/2015	<b>UR Denial Date:</b>	10/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2015

### 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: Emergency Medicine

### 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 70 year old female who sustained an industrial injury on 10-19-95. The injured worker reported back pain with radicular symptoms. A review of the medical records indicates that the injured worker is undergoing treatments for muscles spasm of the back, sacroccygeal disorders not elsewhere classified and other dorsalgia. Medical records dated 10-8-15 indicate pain rated at 9 out of 10. Provider documentation dated 10-8-15 noted the work status as permanent and stationary. Treatment has included Voltaren gel, Norco, Oxycodone, and the use of a single point cane for ambulation. Objective findings dated 10-8-15 were notable for lumbar spine with painful and restricted range of motion, tenderness to palpation to paravertebral muscles with spasms, tight muscle bands and trigger point on the right noted, sacroiliac spine with tenderness. The original utilization review (10-16-15) denied a request for a Scooter for Community Mobility.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Scooter for Community Mobility:** Upheld

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

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

**Decision rationale:** The requested Scooter For Community Mobility is not medically necessary. CA MTUS 2009, Chronic Pain Treatment Guidelines, page 99, Power Mobility Devices, note "Not recommended if the functional mobility deficit can be sufficiently resolved by the prescription of a cane or walker, if the patient has sufficient upper extremity function to propel a manual wheelchair, or if a caregiver is available, willing, and able to provide assistance with a manual wheelchair." The injured worker has complaints of lumbar spine with painful and restricted range of motion, tenderness to palpation to paravertebral muscles with spasms, tight muscle bands and trigger point on the right noted, sacroiliac spine with tenderness. The treating physician has not documented insufficient upper extremity function. The criteria noted above not having been met, Scooter for Community Mobility is not medically necessary.