

<b>Case Number:</b>	CM15-0055498		
<b>Date Assigned:</b>	03/30/2015	<b>Date of Injury:</b>	03/22/2012
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/23/2015

### 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

### 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 50 year old male, who sustained an industrial injury on March 22, 2012. He reported low back pain and lower extremity pain with radiating tingling and numbness into the bilateral lower extremities worse on the left side. The injured worker was diagnosed as having disc bulges of the lumbar spine with sacral 1 impingement, lumbar and sacral facet arthropathy and lower extremity radiculopathy. Treatment to date has included radiographic imaging, diagnostic studies, physical therapy, acupuncture, medications, epidural steroid injections, durable medical equipment, orthotics for the left knee and work restrictions. Currently, the injured worker complains of neck pain, headaches, left shoulder pain, low back pain and lower extremity pain with radiating tingling and numbness into the bilateral lower extremities worse on the left side. The injured worker reported an industrial injury in 2012, resulting in the above noted pain. He reported falling into an 8-10 foot deep hole, landing on the knees and striking the back against concrete. He reported losing consciousness and being hospitalized for nearly a month. He reports having no memory of the accident or being pulled from the hole. He was treated conservatively without complete resolution of the pain. He reported increased symptoms with acupuncture and did not wish to have further treatments. Evaluation on December 9, 2014, revealed continued pain as noted. The plan included continued medications and a request for a motorized scooter.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Motorized scooter:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Power Mobility Devices Page(s): 99.

**Decision rationale:** The patient presents with ongoing neck pain with associated headaches that radiates down the bilateral shoulders and mid scapula region, rated 9-10/10. Constant low back pain and lower extremity pain with radiating tingling and numbness into the bilateral lower extremities worse on the left side, rated 9/10. The request is for a motorized scooter. The patient's diagnoses per RFA dated 01/20/15 included left leg radiculopathy, left knee degenerative joint disease and internal derangement, right knee degenerative joint disease, cervical degenerative disc disease with facet arthropathy, medial posterior horn tear of the left knee, thoracic spondylosis, lumbar facet arthropathy and labral tear of the left shoulder with left shoulder arthritis. Physical examination to the lumbar spine on 01/20/15, revealed palpable tenderness of the lumbar paravertebral's, overlying the facets at L4-S1. Decreased range of motion, especially on extension, at -18 degrees. Gait is antalgic, forward-flexed, favors the left lower extremity and utilizes a front wheeled walker for ambulation. Straight leg raise test is positive. Treatment to date has included radiographic imaging, diagnostic studies, physical therapy, acupuncture, medications, epidural steroid injections, durable medical equipment, orthotics for the left knee and work restrictions. Medications include Anaprox, Norco, Prilosec, Prozac, Lidoderm 5% patch and Restoril. The patient is temporarily totally disabled. Power Mobility Devices under MTUS pg 99 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." Per 01/20/15 report, treater states, "The patient has significantly limited ambulation due to pain, therefore I will request authorization for a motorized scooter." MTUS allows for power mobility devices when cane, walker or manual wheelchair is not feasible due to upper extremity weakness and if there is no mobility with a cane or other assistive devices. In this patient, there is ambulation with a front wheel walker, and the patient actually has a gait, albeit antalgic. Power mobility device would not be indicated. The request IS NOT medically necessary.