

<b>Case Number:</b>	CM14-0141387		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	04/17/2000
<b>Decision Date:</b>	10/10/2014	<b>UR Denial Date:</b>	08/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/02/2014

### 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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 claimant was injured on 04/17/00 and an electric scooter is under review. She injured her back, feet, and ankles when she was rushing to a parking lot and tripped over an offset and twisted her right ankle and right fifth metatarsal. She continued working and slipped in water and reinjured her ankle. Eventually she underwent surgery to her bilateral Achilles tendons. Her back pain got worse because of her altered gait pattern. She is status post-surgery to the lumbar spine with a fusion at L2-3 and L3-4 that was noted on an MRI on 04/30/12. She has also had caudal ESI's. She saw [REDACTED] on 01/16/14 and had not been seen for quite some time because of medical issues, travel, and the holidays. She curtailed her activity significantly to stay within her activity tolerance but was not able to increase her activities. She had multiple other medical conditions. MRI of the lumbar spine on 04/30/12 showed good bony consolidation at L2-3 and L3-4 but lack of consolidation at L4-5. L5-S1 appeared to be intact. She was status post fusion. She has had ESI's and facet blocks. She attended pool therapy in late 2013 and early 2014. She had good tolerance and seemed to be benefiting. There is little information available of an objective nature, however. On 05/14/14, pool therapy and a CT scan of the lumbar spine were ordered. She was taking gabapentin. There was a concern for a nonunion at level L4-5. She stated that she was unable to tolerate walking for longer than short distances and wanted to try aquatic therapy again because it was very helpful in the past. She had diffuse pain in the lumbar paraspinal musculature which was readily exacerbated with range of motion. There was no other physical examination. She saw [REDACTED] on 08/05/14 and reported severe low back pain with numbness to both legs with activity of more than 10 minutes. An H wave device and aquatic therapy were helpful. She had difficulty walking and doing prolonged standing. She had a normal gait and no weakness with walking on toes or heels. She had tenderness over the low back and sacroiliac joints bilaterally. She had decreased sensation over the right L4 dermatome

distribution. She had limited motion. Diagnoses were L4-S1 stenosis, post lumbar fusion, pseudoarthrosis, and facet arthropathy. A CT scan of the lumbar spine dated 06/06/14 revealed disc calcification at L4-5 with severe hypertrophic and degenerative changes. There was no evidence of fracture. There are multilevel chronic postoperative and degenerative changes. On 06/10/14, there was no physical examination. Aquatic therapy continued. On 08/05/14, she saw [REDACTED]. She reported back and buttock pain with prolonged sitting. She was using an H wave and was participating in aquatic therapy with some temporary improvement. She had difficulty with walking and prolonged standing. She had a normal gait and normal heel-to-toe swing-through gait with no limp. There was no weakness with toe or heel walking. She had mild weakness of hip flexion.

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

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

**Electric Scooter:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Guidelines Page(s): 131.

**Decision rationale:** The history and documentation do not objectively support the request for an electric scooter. The MTUS state "Power mobility devices (PMDs) 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." In this case, there is no evidence that the claimant requires this type of device and no specific indication has been explained in the records. There is no evidence that the claimant is unable to use other manual devices such as a cane, walker, or even a manual wheelchair and no evidence that the claimant has no one to help propel a manual wheelchair. On 08/05/14, [REDACTED] indicated that the claimant had difficulty with walking and prolonged standing but she had a normal gait and normal heel-to-toe swing-through gait with no limp. There was no weakness with toe or heel walking. She had mild weakness of hip flexion. The medical necessity of an electric scooter under these circumstances has not been clearly demonstrated.