

<b>Case Number:</b>	CM14-0144578		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	09/06/2006
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	08/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/05/2014

### 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 Family Medicine and is licensed to practice in Arizona. 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 patient is a 56 year old female with a date of injury on 9/6/2006. Patient has a history of chronic cervicgia, closed head injury, contusions, chronic shoulder and knee arthralgia, myofascial strain, and reactive anxiety and depression. Subjective complaints are of continued pain in the limbs, weight gain, and ongoing psychological complaints. Records indicate that the patient is mainly housebound, as she has difficulty with ambulation. Submitted documentation does not include a physical exam. Prior treatment has included psychotherapy. Records do not identify ongoing exercise, physical therapy, or medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Durable medical equipment: scooter:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG guidelines- power mobility devices (PMDs)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee/Leg, Power Mobility Devices

**Decision rationale:** The ODG does not recommend a motorized mobility device 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. For this patient, sufficient documentation is not present to support the use of a motorized device. Specifically, the submitted records do not identify specific limitations or objective exam that shows compromised use of the upper and lower extremities. Therefore, the medical necessity for a scooter is not established.

**Durable medical equipment: power wheelchair:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG guidelines- power mobility devices (PMDs)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee/Leg, Power Mobility Devices

**Decision rationale:** The ODG does not recommend a motorized mobility device 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. For this patient, sufficient documentation is not present to support the use of a motorized device. Specifically, the submitted records do not identify specific limitations or objective exam that shows compromised use of the upper and lower extremities. Therefore, the medical necessity for a motorized wheelchair is not established.