

<b>Case Number:</b>	CM14-0163868		
<b>Date Assigned:</b>	10/08/2014	<b>Date of Injury:</b>	01/19/2008
<b>Decision Date:</b>	11/04/2014	<b>UR Denial Date:</b>	10/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/06/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 72 year old female with date of injury 1/19/08 that sustained injury from a slip and fall. The treating physician report dated 8/19/14 indicates that the patient presents with full thickness rotator cuff tear on the right, depression, myofascial pain, lower back pain and osteoarthritis of the hip. Pain levels range from 3-9/10 with an average of 7/10. The patient reports weakness, cramps and difficulty with walking and uses a small bases quad cane for ambulation. The physical examination findings reveal that the patient ambulates slightly flexed at the hip and is able to walk approximately 30 feet at a time before she has stopped. The patient's balance is impaired and when she starts to fatigue, she becomes a fall risk. Prior treatment history includes medication management and lumbar ESI on 10/23/13 and 2/7/14 and lumbar fusion L4-S1 and right hip total replacement on 10/13/09. Lumbar MRI dated 11/28/12 states that at L5/S1 there is moderate left foraminal narrowing due to disc bulge and facet degenerative changes. The current diagnoses are: 1. Low back strain 2. Full thickness rotator cuff tear 3. Osteoarthritis of hip 4. Myofascial pain 5. Depressive disorder. The utilization review report dated 10/2/14 denied the request for a power scooter based on the MTUS guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Power Scooter QTY: 1.00:** 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 (PMDs) Page(s): 99.

**Decision rationale:** The patient presents with chronic back pain, shoulder pain and hip pain following right hip replacement and lumbar fusion L4-S1. The current request is for a power scooter. The treating physician report dated 8/19/14 states, "The patient may be a candidate for a scooter due to her gradual decline in her functional mobility and self-care skills." The physician notes that the patient is able to walk with a cane approximately 30 feet at a time before she has to stop and that her balance is impaired and when she starts to fatigue, she becomes a fall risk. The MTUS guidelines regarding Power Mobility Devices (PMD) does not recommend a PMD is the functional deficit can be resolved with cane usage, or the patient has sufficient upper extremity function to propel a manual wheelchair, or there is a caregiver available to assist with a manual wheelchair. In this case the treating physician has discussed that he feels the patient has limited ability to ambulate with a cane but he does not explore the possible usage of a manual wheelchair to assist the patient with mobility when she is fatigued and at risk for a fall. At this time the request does not appear to fulfill the MTUS guidelines which state if there is any mobility with canes or other assistive devices, a motorized scooter is not essential to care. Therefore, this request is not medically necessary.