

<b>Case Number:</b>	CM14-0216281		
<b>Date Assigned:</b>	01/06/2015	<b>Date of Injury:</b>	05/06/2007
<b>Decision Date:</b>	02/25/2015	<b>UR Denial Date:</b>	12/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/24/2014

### 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. 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: New Jersey

Certification(s)/Specialty: Family Practice

### 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 70 year old female injured worker suffered an industrial injury on 5/6/2007. While at work, the injured worker's foot was caught under an entry mat and fell, hitting her head on the base of a chair along with hitting the left side of her body. She also had a period of loss of consciousness. At the hospital she reported neck, shoulder, back and head pain. At the hospital, the diagnostics revealed 2 ruptured discs in the neck and back. Subsequently the treatments included medications, physical therapy, acupuncture and TENS therapy. As time progressed, she was also diagnosed as having industrial depression, bruxism and temporal mandible joint syndrome. Currently the diagnoses included pain in the joint of the lower leg, lumbar disc displacement, lumbar spinal stenosis and sciatica. The documentation provided indicated falls on 4/29/201, 5/29/2014, and 6/12/2014 due to pain and instability. The injured worker reported she does not leave the house as she is no longer able to walk longer than 5 minutes and borrows a friend's wheelchair for appointments with the transportation personnel wheeling her. She reported she is unable to propel the wheelchair herself due to pain in the wrists from bilateral carpal tunnel syndrome and a bad right shoulder rotator cuff. The injured worker had a magnetic resonance imaging on 10/24/2014 and x-rays to the knee on 8/7/2014. The provider's progress note of 11/20/2014 described the injured worker continued to have significant pain in the knee and worsening low back pain, increased with walking and standing. She reported she no longer leaves the house as she cannot walk. The exam revealed mild swelling in the knee with diffuse and marked tenderness. The provider requested a motorized wheelchair/scooter. The UR decision on 12/10/2014 denied the request as the exam revealed normal muscle tone and motor

strength in bilateral upper extremities and would be able to utilize a cane or walker. Also included would be that a caregiver that is able and willing to provide assistance with a manual wheelchair was not available. There was no evidence the injured worker could not propel a manual wheelchair.

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

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

**Motorized wheelchair scooter:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Power mobility devices.

**Decision rationale:** The MTUS Chronic Pain Treatment Guidelines state that in cases of chronic pain from a previous injury, power mobility devices 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 the case of this worker, there was insufficient evidence found in the documentation provided that the worker required a powered mobility device as she showed normal upper body strength to be able to utilize a cane, walker, or manual wheelchair. These other options to aid this worker may be considered, however, the motorized wheelchair/scooter is not medically necessary, based on the evidence provided for review.