

<b>Case Number:</b>	CM15-0003721		
<b>Date Assigned:</b>	01/21/2015	<b>Date of Injury:</b>	04/16/2014
<b>Decision Date:</b>	03/13/2015	<b>UR Denial Date:</b>	12/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/08/2015

### 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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

### 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 54 year old male, who sustained an industrial injury on 04/16/2014. He has reported subsequent back and lower extremity pain and was diagnosed with paraplegia due to spinal cord compression from L1 disc protrusion status post laminectomy and discectomy, gait dysfunction, depression and chronic pain syndrome. Treatment to date has included oral and topical pain medication, a home exercise program, physical therapy and functional restoration program. The injured worker was noted be able to self-propel in his wheelchair and upper extremity motor strength was within normal limits. A request was made for mobility scooter for long distances. No medical documentation addressing this request was found in the medical record. On 12/26/2014, Utilization Review non-certified a request for mobility scooter for long-distances ambulation noting that power mobility devices are not recommended if the patient has sufficient upper extremity function to propel a wheelchair. MTUS Chronic Pain Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**power Mobility Scooter for Long-distances Ambulation.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Power Mobility Devices Page(s): 99. Decision based on Non-MTUS Citation Knee; Powered Mobility Devices

**Decision rationale:** The chronic pain guidelines state the following regarding motorized wheel chairs: "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." Additionally, ODG comments on motorized wheelchairs and says the following: "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. (CMS, 2006) 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." From the medical notes, it is clearly documented that the patient has sufficient upper extremity function to propel a manual wheelchair. Therefore, the request for a motorized wheelchair is not medically necessary.