

<b>Case Number:</b>	CM15-0103925		
<b>Date Assigned:</b>	06/10/2015	<b>Date of Injury:</b>	03/07/2012
<b>Decision Date:</b>	07/10/2015	<b>UR Denial Date:</b>	04/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/29/2015

### 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: North Carolina

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 injured worker is a 45 year old male, who sustained an industrial injury on March 7, 2012. The injury occurred while the injured worker was walking and rolled his left ankle. The injured worker has been treated for low back and left ankle complaints. The diagnoses have included chronic left ankle pain, complex regional pain syndrome of the left lower extremity and low back pain. Treatment to date has included medications, radiological studies, MRI, pain management, lumbar sympathetic nerve blocks, spinal cord stimulator trial, psychological evaluation and multiple left ankle surgeries. Current documentation dated April 17, 2015 notes that the injured worker reported constant pain flaring up in the left leg due to reflex sympathetic dystrophy syndrome. The pain was rated a seven out of ten on the visual analogue scale with medications. The current medications were noted to be barely helping the pain. The injured worker also noted more spasm and stiffness in the left leg. Physical examination revealed no significant changes. The treating physician's plan of care included a request for a power scooter.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DME: Power Scooter:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines powered mobility devices Page(s): 99.

**Decision rationale:** The California chapter on powered mobility devices states: Power mobility devices (PMDs). 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. Criteria for use have not been met in the provided clinical documentation and therefore the request is not certified. Therefore, the requested treatment is not medically necessary.