

<b>Case Number:</b>	CM15-0127939		
<b>Date Assigned:</b>	07/09/2015	<b>Date of Injury:</b>	01/20/2010
<b>Decision Date:</b>	08/24/2015	<b>UR Denial Date:</b>	06/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/02/2015

### 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: Arizona, California  
 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 58 year old male who sustained an industrial injury on 01/20/10. Initial complaints and diagnoses are not available. Treatments to date include medications, physical therapy, spinal fusion, heat, psychiatric counseling, 360 degree arthrodesis, and aquatic therapy. Diagnostic studies are not addressed. Current complaints include low back pain with numbness and tingling in the bilateral legs. Current diagnoses include compression fracture L4, cerebrovascular accident, anxiety and depression, coronary artery disease, aggravated diabetes, renal failure, and lumbar Radiculopathy. In a progress note dated 04/13/15 the treating provider reports the plan of care as a bone scan, MRI of the lumbar spine, continued aquatic therapy, a gym membership for aquatic therapy, motor scooter and wheelchair, and a follow-up for pharmacological management. The requested treatments include a motorized scooter and wheelchair.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Wheelchair:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg - 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 chapter and pg 70.

**Decision rationale:** A manual wheelchair is recommended if the patient requires and will use a wheelchair to move around in their residence, and it is prescribed by a physician. In this case, the claimant has an antalgic gait with back pain and a history of a stroke. The request for a wheelchair to assist at times between ambulation is appropriate and medically necessary.

**Motor scooter:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg - Power mobility devices (PMDs).

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

**Decision rationale:** A motor scooter is 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. In this case, the claimant is able to use a manual wheelchair and there is no indication of inability in upper extremities to use one. In addition, the claimant is able to intermittently ambulate. As a result, the request for a motor scooter is not medically necessary.