

<b>Case Number:</b>	CM15-0062849		
<b>Date Assigned:</b>	04/08/2015	<b>Date of Injury:</b>	10/27/1992
<b>Decision Date:</b>	05/14/2015	<b>UR Denial Date:</b>	03/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/02/2015

### 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: California  
Certification(s)/Specialty: Internal Medicine

### 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 74 year old male, who sustained an industrial injury on October 27, 1992. He has reported lower back pain. Diagnoses have included chronic lower back pain, lumbar spine stenosis, and active denervation of the lower leg muscles. Treatment to date has included medications, home exercise, use of two canes, use of a scooter, and lumbar spine fusion with subsequent removal of hardware. A progress note dated March 24, 2015 indicates a chief complaint of lower back pain. The treating physician documented a plan of care that included a car lift for the scooter.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lift for 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.

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

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines states that 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. If there is any mobility with canes or other assistive devices, a power mobility device is not essential to care. The treating physician's progress report dated March 24, 2015 documented subjective complaints of low back pain. The patient can walk approximately 0.5 blocks. Physical examination that the patient was in no acute distress. The patient utilizes two canes to ambulate. Without use of his canes, his balance is poor. He has difficulty standing up straight without the use of his canes. He has a well-healed surgical scar over the low back. The right ankle plantar flexors and dorsiflexors are 4/5. Left ankle dorsiflexors and plantar flexors are 5/5. Sensation is decreased along the right lower leg. Straight leg raise testing is negative bilaterally. Diagnoses included status post lumbar fusion, L4-L5 October 19, 1993; status post hardware removal August 23, 1994; chronic low back pain; Moderate central canal stenosis L2-L3 and L3-L4 with bilateral moderate neuroforaminal stenosis, L3-L4 per May 8, 2006 MRI magnetic resonance imaging, with progression to severe spinal stenosis per MRI of July 23, 2012, with decompression surgery L2 through L4 January 11, 2013. A lift for a scooter was requested. No upper extremity deficits were documented. No functional impairment of the upper extremities were documented. The 3/24/15 progress report documented that the patient can walk approximately 0.5 blocks. The patient utilizes two canes to ambulate. MTUS guidelines indicated that 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. If there is any mobility with canes or other assistive devices, a power mobility device is not essential to care. Therefore, the request for a lift for a scooter, which is a power mobility device, is not supported by MTUS guidelines. Therefore, the request for a lift for a scooter is not medically necessary.