

<b>Case Number:</b>	CM15-0076293		
<b>Date Assigned:</b>	04/27/2015	<b>Date of Injury:</b>	09/07/1999
<b>Decision Date:</b>	06/11/2015	<b>UR Denial Date:</b>	04/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/21/2015

### 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: Emergency 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 47 year old male who sustained an industrial injury on September 7, 1999. He has reported injury to the right foot and has been diagnosed with reflex sympathetic dystrophy of the lower limb. Treatment has included surgery, therapy, injections, H-wave unit, and medications. Currently the injured worker reports muscle aches, muscle weakness, joint pain, and numbness to the right foot with diminished weight bearing. The treatment request included an electric scooter.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Purchase of Electric Scooter:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Power mobility devices (PMDs).

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

**Decision rationale:** The requested purchase of electric scooter is not medically necessary. CA MTUS Chronic Pain Guidelines, page num: 99, Power mobility devices (PMDs): "Not

recommended if the functional mobility deficit can be sufficiently resolved by the prescription of a cane or walker, if the patient has sufficient upper extremity function to propel a manual wheelchair, or if a caregiver is available, willing, and able to provide assistance with a manual wheelchair." The treating physician has documented muscle aches, muscle weakness, joint pain, and numbness to the right foot with diminished weight bearing. The treating physician has not sufficiently documented upper extremity weakness making use of a manual wheelchair untenable. The criteria noted above not having been met, purchase of Electric Scooter is not medically necessary.