

<b>Case Number:</b>	CM15-0094358		
<b>Date Assigned:</b>	05/20/2015	<b>Date of Injury:</b>	11/30/2009
<b>Decision Date:</b>	06/26/2015	<b>UR Denial Date:</b>	05/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/15/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 57-year-old who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of November 30, 2009. In a Utilization Review report dated May 6, 2015, the claims administrator denied a request for a portable light-weight scooter. The claims administrator referenced a progress note of April 15, 2015 and an associated RFA form of April 29, 2015 in its determination. The applicant's attorney subsequently appealed. On May 13, 2015, Norco, Prilosec, Flexeril, topical Ultracin, Celebrex, Zoloft, a portable light-weight scooter, a urology consultation, and a neurology consultation were endorsed. In an associated progress note of the same date, May 13, 2015, the applicant reported ongoing complaints of low back pain radiating to the bilateral lower extremities status post earlier failed multilevel lumbar decompression surgery in 2012, it was acknowledged. The applicant reported issues with shaking about the lower extremities. The note was very difficult to follow and mingled historical issues with current issues. The applicant was off of work, it was acknowledged. It was stated that the applicant had difficulty ambulating. The attending provider did not elaborate further but stated that a portable scooter and associated ramp at home were needed to ameliorate the same. The applicant was reportedly using a walker to move about in the clinic setting. The applicant exhibited a guarded gait, it was acknowledged. In a March 16, 2015 RFA form, Flexeril, Ultracin, Norco, Prilosec, topical compounds, Celebrex, and the electric scooter at issue were endorsed. In an associated progress note of the same date, March 16, 2015, the applicant reported ongoing complaints of low back pain radiating to the lower extremities. The note was very difficult to follow, was over 30 pages long, and mingled historical issues with

current issues. The attending provider stated that he was endorsing the applicant's request for a portable light-weight scooter. It was acknowledged that the applicant was not working. The applicant was using a walker to move about in the clinic. A limp and guarded gait were noted.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Portable Electrical Lightweight Scooter: Upheld**

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

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

**Decision rationale:** No, the request for a portable electrical light-weight scooter was not medically necessary, medically appropriate, or indicated here. As noted on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines, power mobility devices such as the scooter at issue are not recommended if an applicant's functional mobility deficits can be sufficiently resolved through usage of a cane, walker, and/or manual wheelchair. Here, the extent, magnitude, severity, and the scope of the applicant's ambulatory deficits were not clearly detailed or expounded upon. However, progress notes of March 16, 2015 and May 13, 2015 suggested that the applicant was using a walker to propel himself about in the clinic setting. The applicant's ongoing usage of a walker, thus, seemingly obviated the need for the portable light-weight scooter at issue. Therefore, the request was not medically necessary.