

<b>Case Number:</b>	CM14-0144238		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	08/10/1994
<b>Decision Date:</b>	10/06/2014	<b>UR Denial Date:</b>	08/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/05/2014

### 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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

There were 98 pages provided for review. This was for a motorized scooter. The application for independent medical review was signed on September 3, 2014. Per the records provided, the claimant is a 67-year-old female injured back in 1994. She was being treated for severe low back pain. She reports difficulty with standing and walking due to the low back pain and joint pain. Her current pain medicine provided 70% pain relief and improved her activity tolerance. She walks with the aid of four-wheel walker with a slow antalgic gait standing with a slightly forward flexed posture. She has severe lumbar stenosis with bilateral lumbar radiculopathy, scoliosis, chronic intractable low back pain, lumbar post laminectomy syndrome and depressive disorder. Her ability to move with the current walker was increasingly limited by pain in her back, hip, knee and upper limbs. She has a wheeled walker and a lightweight manual wheelchair. She reportedly is unable to propel herself and her manual be chair wheelchair. Her husband was not always available to be able to propel her. She reportedly is unable to have the back of the hips repair due to metal allergies. She still demonstrates some mobility with recurrent assistive devices.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### 1 Evaluation for motorized 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 Page(s): 99.

**Decision rationale:** The MTUS notes that Power mobility devices (PMDs) 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. 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. In this case, the use of a walker is mentioned. With ambulatory ability, a motorized wheelchair is not supported. The request for the evaluation is not medically necessary..