

<b>Case Number:</b>	CM14-0144569		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	10/12/2006
<b>Decision Date:</b>	10/21/2014	<b>UR Denial Date:</b>	08/14/2014
<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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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:

The patient is a 50 year old with an injury date on 10/12/06. The patient complains of cervical pain, lower lumbar pain, right shoulder pain, bilateral hip pain, and bilateral knee/foot pain. The patient states that loss of bladder control started one week ago and she would urinate on herself as lower back pain/hip pain would prevent her from walking to bathroom per 7/23/14 report. Based on the 7/23/14 progress report provided by [REDACTED] the diagnoses are cervical spine sprain/strain; lumbar spine sprain/strain; right shoulder sprain/strain; right hip surgery; left hip strain; right knee surgery; right foot sprain/strain; left foot sprain/strain; and other problems unrelated to current evaluation. Exam on 7/23/14 showed "patient's cane ambulation is stable, stopper is not worn. Sensation to light touch to right mid-anterior thigh, right mid-lateral calf, right lateral ankle are intact." No range of motion testing was found in reports. [REDACTED] is requesting mobicart for mobility. The utilization review determination being challenged is dated 8/14/14. [REDACTED] is the requesting provider, and he provided treatment reports from 1/22/14 to 7/23/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Mobi Cart for Mobility:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Power Mobility Devices Page(s): 99.

**Decision rationale:** This patient presents with neck pain, lower back pain, right shoulder pain, bilateral hip pain, and bilateral knee/lower extremity pain. The provider has asked for Mobicart for mobility on 7/23/14. Regarding Power Mobility Devices, MTUS does not recommend 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 patient has recently developed urinary incontinence due to lower lumbar/lower extremity pain, but the physical exam on 7/23/14 reported patient was able to ambulate with a cane in a stable manner. The requested Mobicart for mobility is not indicated at this time. Therefore, this request is not medically necessary.