

## PART C – Decision under Appeal

The decision under appeal is the Ministry of Social Development and Social Innovation (Ministry), reconsideration decision dated July 9, 2014 in which the Ministry denied the Appellant's request for a health supplement for a scooter because the Ministry found the request did not meet 2 of the eligibility requirements in the Employment and Assistance for Persons with Disabilities Regulation (EAPWDR). In particular, the minister was not satisfied that:

1. The Appellant had provided an assessment by an occupational therapist or physical therapist confirming the medical need for the medical equipment or device pursuant to subsection 3(2) of Schedule C of the EAPWDR; and
2. The item is medically essential to achieve or maintain basic mobility as required by subsection 3.4(3) of Schedule C of the EAPWDR.

## PART D – Relevant Legislation

Employment and Assistance for Persons with Disabilities Regulation (EAPWDR) , section 62 and Schedule C, sections 3 and 3.4

## PART E – Summary of Facts

The evidence before the Ministry at the time of the reconsideration decision included the following:

1. A letter to the Appellant from the Ministry and copy of a reconsideration decision dated January 6, 2009 indicating the Appellant was approved for Persons with Disabilities (PWD) designation.
2. The Appellant's Request for Reconsideration for PWD designation received by the Ministry on December 23, 2008 with the following letters attached:
  - A letter to the Ministry from the Appellant's family physician dated December 18, 2008 in which he indicated that the Appellant had suffered a cardiac arrest and myocardial infarction, was extremely prone to a future cardiac event, and had endured an operation for a perforated duodenal ulcer. The physician reported that the Appellant was also suffering from anxiety and depression as well as a significant disability from a chronic back condition for which he had surgery in 2007 and which left him with ongoing back and leg pain and susceptibility to falls. The Appellant was also suffering from chronic pain and disability in many joints and muscle groups and was taking medications for chronic pain.
  - A letter from a specialist physician addressed to another physician, dated December 19, 2008 in which the specialist stated that the Appellant presented with left leg and left arm weakness, paresthesia, brief paroxysmal blindness, chronic lower back and left leg pain, and intermittent headaches.
  - A letter "to all concerned" from the Appellant dated December 3, 2008 in which he outlined injuries, and neck, shoulder and arm pain since 1995; nerve damage affecting his hands which made it difficult to grasp and lift things, heart problems, leg spasms and pain making it difficult to walk 1 block without a risk of falling. The Appellant reported that he had attempted to use a scooter but it was not feasible due to stairs at his residence. He had also experienced many falls, and was using objects and railings for support. He was experiencing momentary loss of vision, migraines and chronic pain affecting his mental and emotional health and social functioning. His daily living activities were also affected by spasms and pain.
  - A letter from the Ministry to the Appellant's family physician dated November 12, 2008 and a Ministry Telephone log dated November 27, 2008 both concerning the Appellant's use of a scooter. The log states that the physician indicated the Appellant was able to walk 2-4 blocks and did not use or need a scooter.
3. An undated hand written note (indicating the month of June 2014) from the Appellant in which he reported injuries he had suffered due to falls.
4. An undated 3-page typed submission from the Appellant regarding his reconsideration request (of June 2014) for being denied a scooter. He outlined a back injury resulting from an assault and he never regained full use of his back or left leg and is still in constant pain if he sits or stands for too long. He often resorted to pain killers and he had heart attacks due to stress; he died and was revived during surgeries; and he suffered neck injuries when he attempted to return to employment. He can barely walk a quarter of a block most times and rarely to the end of the block and back when taking supplemental medications. He hangs onto furniture or walls when his legs give out, and he has difficulty lifting and holding due to his neck injury. He has difficulty getting around by cab or HandyDART, and a scooter would assist with bus trips to appointments, and mobility at home and within the community.
5. A letter from an occupational therapist (OT) to the Ministry dated June 6, 2014 in which the OT

listed the Appellant's medical conditions including severe Peripheral Vascular Disease (PVD) which causes a lack of sensation in his lower limbs and has resulted in numerous falls outdoors within the past 6 months. The Appellant has minimized the hazards within his home; however, the variables in the community including uneven sidewalks and having to rush across a road to make a light, are of significant risk. The Appellant is also unable to walk and must sit immediately when he experiences sudden, debilitating leg pain. The OT recommends that the Appellant walk within his home using a cane rather than use a wheelchair. His neighbourhood has uneven sidewalks and long distances from public transit, and a walker was not recommended due to his extensive shoulder and neck pain. A scooter was requested in hopes of preventing falls and significant injury while in the community.

6. The Appellant's Request for Reconsideration with 6 attached images. In a note dated June 24, 2014 the Appellant explained that the images were taken with a cell phone and are pictures of his latest fall on June 22, 2014. His left leg gave way and his right leg, foot, and hand were cut, scraped, and bruised. He was hoping that a scooter would "become his legs" to prevent him from getting hurt when he tries to walk short distances from the city sidewalk to his front door steps.
7. A letter from the OT to the Ministry dated January 15, 2014 in which the OT listed the Appellant's medical conditions since 1996 and described the Appellant's cardiac problems as reported by the Appellant's family physician in 2006. The OT reported that the Appellant is currently able to walk 30 metres without discomfort on a "good day"; however, he is often house-bound due to his fear of cardiac events and falls. A scooter would give him the ability to go out into the community and complete his daily living activities independently without over-exerting himself. The OT reported that the Appellant experiences pain in his lumbar region and left leg when walking beyond 30 metres. He lives in a home with 4 steps at the front entrance and 18 steps at the rear and there is a space in which he could store a scooter.
8. A Medical Equipment Request and Justification form with attached note from the Appellant's family physician dated May 28, 2013 in which he stated that the Appellant has severe Peripheral Vascular Disease which limits his mobility to one block. The physician wrote, "I wonder if he may benefit from a scooter."
9. A sales quote for a 4 wheel scooter in the amount of \$3,225.75.
10. A letter from the Ministry to the Appellant dated May 7, 2014 denying the Appellant's request for Health Supplements and noting that a medical need for a scooter to achieve or maintain basic mobility has not been confirmed and the request for the scooter appears to be for independent community access.

#### *Appellant's additional documents*

Subsequent to the reconsideration decision, the Appellant submitted the following documents:

1. A Notice of Appeal dated July 28, 2014, in which he states that he does not have basic mobility outside his home.
2. A new Medical Equipment and Justification form completed and signed by the Appellant's family physician on August 3, 2014. The physician listed the Appellant's medical conditions as severe cardiac disease – CHF coronary artery disease; peripheral vascular disease; and ongoing back disability – history of spinal surgery. Under "Type of medical equipment recommended" the physician wrote "scooter".
3. A letter from the Appellant's advocate to the family physician dated August 5, 2014 with

responses to the following questions signed by the physician on August 13, 2014: a) "What are your patient's current medical conditions and health limitations that significantly restrict his mobility?" The physician indicated long-term back disability, peripheral vascular disease, and severe cardiac disease; b) "In your opinion, is a motorized scooter medically essential for your patient to achieve and maintain basic mobility (especially in an outdoor setting)? If so, why?" The physician indicated that the Appellant's mobility is severely limited; he is basically unable to leave his home because of his severe mobility problems; his cardiac and peripheral muscular diseases also severely limit his mobility; and he is unable to go to medical appointments.

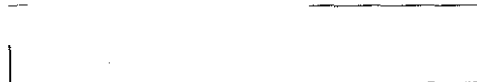
4. A letter to the Panel from the Appellant's OT dated September 11, 2014 in which the OT continues to recommend a motorized scooter for the following reasons: The Appellant's medical condition has not improved and he has reported increased back pain, numerous falls, and near misses since his initial request for a scooter in January 2014. Further, a scooter would enable him to complete his daily living activities independently by ensuring a safe means of mobility outside the home. The OT reported that the Appellant's fear of falling has also increased, and his motivation to leave his home has declined due to his fear of falling while out alone. In addition, neither a walker nor a wheelchair was recommended due to the Appellant's history of shoulder and neck pain. The OT wrote that a scooter "would have a significant positive impact on (his) independence and safety while mobilizing outside of the home."

The Ministry did not object to admitting the new documents and the Panel finds that the additional statements and information as listed above relate to the Appellant's current medical conditions and reasons for requesting a scooter. The Panel therefore admits them under section 22(4)(b) of the *Employment and Assistance Act* as submissions in support of information and records that were before the Ministry at the time the decision being appealed was made.

At the hearing, the Appellant stated that the OT visited him 3 times and he showed her his walking ability. The longest possible length he could walk was a block and a half. He clarified that it was 2006 when he died (and was revived) during surgery and subsequently discovered that his legs would not work and he could not walk. The second time he died (and was revived) was in 2012 which caused damage to his other leg. He reported that he is taking the maximum level of pain medications and his doctor does not want him to go higher because of side effects and mixing drugs is dangerous (he is already on 8 different medications).

The Appellant stated that his present residence has stairs but not as many as his previous home and he is able to get from the back door to the garage. He reported that he has given up using a cane because of issues with his leg seizing up without warning. He holds onto furniture and walls inside his home, and the Ministry has provided hand rails for his tub. A cane, shopping cart, walker, etc. have not worked because he has fallen over or into them. When his leg goes he does not know which way he will fall; he has scars from the falls; and obstacles are a problem when he is on foot.

At the hearing, the Appellant's advocate corrected the information in the Ministry's reconsideration decision by pointing out that that the Appellant's family physician reported in 2008 that the Appellant was prone to cardiac events, but the current (2014) information provided with his request for reconsideration is from the OT who reported that the Appellant can walk 30 meters on a "good day", is often house bound due to his fear of falling and fear of another cardiac event, and a scooter would



allow him to go into the community without over-exerting himself. The advocate noted that the OT's assessment was done 6 months after the physician's note in May 2013 when the physician wrote that the Appellant's mobility was limited to one block, and "I wonder if he may benefit from a scooter." The advocate also stated that the Appellant's condition has gotten worse over the years and his vascular disease is impacting him.

At the hearing, the Ministry reviewed its reconsideration decision and did not introduce any new evidence. In response to questions from the Appellant's advocate, the Ministry clarified that the reason it referred to information from 2008 in its reconsideration decision was because the OT had referenced older information from the Appellant's family physician including medical notes from December 24, 2008.

The Panel makes the following findings of fact:

1. The Appellant has Person with Disabilities designation and is therefore eligible for health supplements under section 62(1)(a) of the EAPWDR.
2. The Appellant has a history of cardiac disease, peripheral vascular disease, and a chronic back condition resulting in significant back and leg pain, numbness, susceptibility to falls, and persistent disability in many joints and muscle groups.
3. The Appellant's medical conditions severely limit his mobility and ability to walk and his family physician and OT have recommended a scooter.

## PART F – Reasons for Panel Decision

The issue in this appeal is whether the Ministry's reconsideration decision which determined that the Appellant's request for a health supplement for a scooter did not meet 2 of the eligibility requirements set out in Schedule C of the EAPWDR was reasonably supported by the evidence or was a reasonable application of the relevant enactment in the circumstances of the Appellant.

The legislation that applies to the Appellant's request for a scooter is as follows:

### **EAPWDR - General health supplements**

62 (1) Subject to subsections (1.1) and (1.2), the minister may provide any health supplement set out in section 2 [*general health supplements*] or 3 [*medical equipment and devices*] of Schedule C to or for a family unit if the health supplement is provided to or for a person in the family unit who is

- (a) a recipient of disability assistance

### **EAPWDR – SCHEDULE C Health Supplements**

#### **Medical equipment and devices**

3 (1) Subject to subsections (2) to (5) of this section, the medical equipment and devices described in sections 3.1 to 3.12 of this Schedule are the health supplements that may be provided by the minister if (B.C. Reg. 197/2012)

- (a) the supplements are provided to a family unit that is eligible under section 62 [*general health supplements*] of this regulation, and

- (b) all of the following requirements are met:

- (i) the family unit has received the pre-authorization of the minister for the medical equipment or device requested;

- (ii) there are no resources available to the family unit to pay the cost of or obtain the medical equipment or device;

- (iii) the medical equipment or device is the least expensive appropriate medical equipment or device.

(2) For medical equipment or devices referred to in sections 3.1 to 3.8 or section 3.12, in addition to the requirements in those sections and subsection (1) of this section, the family unit must provide to the minister one or both of the following, as requested by the minister: (B.C. Reg. 197/2012)

- (a) a prescription of a medical practitioner or nurse practitioner for the medical equipment or device;

- (b) an assessment by an occupational therapist or physical therapist confirming the medical need for the medical equipment or device.

(2.1) For medical equipment or devices referred to in section 3.9 (1) (b) to (g), in addition to the requirements in that section and subsection (1) of this section, the family unit must provide to the minister one or both of the following, as requested by the minister:

- (a) a prescription of a medical practitioner or nurse practitioner for the medical equipment or device;

- (b) an assessment by a respiratory therapist, occupational therapist or physical therapist confirming the medical need for the medical equipment or device. (B.C. Reg. 197/2012)

#### **Medical equipment and devices – scooters**

3.4 (1) In this section, "scooter" does not include a scooter with 2 wheels.

(2) Subject to subsection (5) of this section, the following items are health supplements for the purposes of section 3 of this Schedule if all of the requirements set out in subsection (3) of this

section are met:

(a) a scooter;

(b) an upgraded component of a scooter;

(c) an accessory attached to a scooter.

(3) The following are the requirements in relation to an item referred to in subsection (2) of this section:

(a) an assessment by an occupational therapist or a physical therapist has confirmed that it is unlikely that the person for whom the scooter has been prescribed will have a medical need for a wheelchair during the 5 years following the assessment; (B.C. Reg. 197/2012)

(b) the total cost of the scooter and any accessories attached to the scooter does not exceed \$3 500 or, if subsection (3.1) applies, \$4 500; (B.C. Reg. 197/2012)

(c) the minister is satisfied that the item is medically essential to achieve or maintain basic mobility.

(3.1) The maximum amount of \$4 500 under subsection (3) (b) applies if an assessment by an occupational therapist or a physical therapist has confirmed that the person for whom the scooter has been prescribed has a body weight that exceeds the weight capacity of a conventional scooter but can be accommodated by a bariatric scooter. (B.C. Reg. 197/2012)

(4) The period of time referred to in section 3 (3) (b) of this Schedule with respect to replacement of an item described in subsection (2) of this section is 5 years after the minister provided the item being replaced.

(5) A scooter intended primarily for recreational or sports use is not a health supplement for the purposes of section 3 of this Schedule. (B.C. Reg. 61/2010)

#### Appellant's position

In his written submissions from both 2008, and 2014 (with his reconsideration request), the Appellant's position is that because of his medical history, he suffers significant mobility restrictions due to severe leg pain, spasms and sudden numbness; injuries from frequent falls; shoulder, neck and arm weakness and pain; and a fear of cardiac events and falling. He can presently barely walk a quarter of a block except for rare days when he can walk to the end of the block and back. He has to hang onto furniture or the wall to keep from falling and he cannot go anywhere except by cab or HandyDART.

He reported that a cab is not affordable while the HandyDART is bumpy making his pain worse, and also inconvenient due to wait times. Further, he cannot always access the HandyDART when he needs it because it is overloaded and it does not take him from appointment to appointment. He has walked from one appointment to another but ends up with pain and falls when his leg seizes up. He stated that the bus stop is actually 3 blocks uphill from his residence (not 2 blocks as reported by the Ministry) and it can be 8 blocks away due to construction in his neighbourhood. He cannot hang onto bus railings, etc. due to his bad back, neck, and arm.

The Appellant argued that he needs a scooter because a wheelchair or walker would make his neck and arm problems worse, and he could park the scooter at a table and draw or write again and have a sense of life. A scooter would assist him to cook more, go to the park, walk his dog, and interact with life around him. It would also give him access to the community, but if he could walk properly he would not need a scooter to access the community.

The Appellant argued that barely being able to walk at all without pain or falling should not be considered as basic mobility, especially when walking causes him more harm than good. A scooter would help him to do more than be depressed, and he could be more mobile both within his home and in the community.

At the hearing, the Appellant argued that he told the Ministry right from the beginning that he could only walk a limited distance, and both his doctor and OT have said that he has difficulty walking and needs a scooter. He has tried all methods to assist him with walking, made medical appointments, and follows his medication schedule religiously; however, he has almost given up and he no longer uses a cane at all because of his leg seizing up.

He does not understand how the Ministry can say that he can walk 2 blocks when he has listed his medical history, provided his doctor's and OT's reports, and told them his problems. He is frustrated the Ministry does not listen to him when he tells them he can't walk. He needs clarity from the beginning on what they require. He also feels that it is unfair that the Ministry says he has basic mobility when basic mobility is not defined in the legislation.

The Appellant submitted that the photos he provided show the bruising and damage from his latest fall, and he fears getting scarred, scraped, and punctured from further falls. He said that his embarrassment is the worst of all because his mental and emotional well-being is also important. He wants to be able to walk his dog, see his own neighbourhood, and know his neighbours, but his only alternative right now for getting around is if his roommate accompanies him on the HandyDART for assistance.

At the hearing, the Appellant's advocate argued that although the Ministry did not interpret the family physician's recommendation on the medical justification form as an outright need for a scooter, the physician is still prescribing or recommending a scooter. Further, in the newer medical justification form of August 2014, the physician listed more medical conditions and clearly prescribed a scooter. In addition, although the legislation requires only the OT's assessment, and not a medical practitioner's report to confirm a medical need for the scooter, the Appellant and his advocate obtained an assessment from the family physician who confirmed that the Appellant's mobility is severely limited to the point where he can't leave his home or go to appointments. The advocate argued that the physician has therefore provided information confirming the medical need that the OT had identified.

The advocate also argued that the evidence from the family physician in May 2013 was that the Appellant could walk only 1 block. In 2014, the OT reported that the Appellant can walk 30 metres on a good day; therefore, the Ministry's conclusion in its reconsideration decision that the Appellant can walk 2 blocks without assistance from a medical device does not fit with the opinions provided by the Appellant's health professionals. With regard to basic mobility not being defined in the legislation, the advocate submitted that the OT was looking at basic mobility in the context of physical ability and function and living in the community.



Ministry's position

*EAPWDR, subsection 3(2)(b): assessment from OT confirming the medical need for a scooter*

The Ministry's position is that the Appellant's OT had not confirmed his medical need because she relied on dated information from his family physician regarding the Appellant's medical conditions, and his physician had not provided new information (at the time of the reconsideration) regarding current diagnoses or physical abilities. Further, the physician had indicated that although the Appellant's mobility was limited to 1 block, he "wondered" if the Appellant could benefit from a scooter, and did not state an outright need based on the Appellant's mobility issues. The Ministry argued that "I wonder" is not a concrete statement and there was very little current information to substantiate a medical need.

In its reconsideration decision, the Ministry submitted that the Appellant has basic mobility and although pain is the limiting factor affecting his mobility, remedial measures are available in the form of analgesics for pain, as well as HandyDART and taxi saver programs, and using a cane outside, a personal shopping cart, and public transit to access the community.

With regard to the Appellant's concern that his own information was not given credibility when he has listed his medical history and mobility issues; and the advocate's concern that the Ministry relied on old material rather than current information, the Ministry confirmed that it does look at the client's background information and medical history. The Ministry stated that the Appellant does without question have long standing medical conditions; however, it is bound by the legislation which specifies that an OT's assessment is required to confirm a medical need for the scooter.

*EAPWDR, subsection 3.4(3)(c): minister is satisfied that the item is medically essential to achieve or maintain basic mobility*

The Ministry's position is that it was not satisfied that a scooter is medically essential for basic mobility due to the available remedial measures as listed above (HandyDART, cane, etc.). At the hearing, the Ministry argued that the family physician's statement, "I wonder if he may benefit from a scooter", and the dated medical information referenced by the OT, do not provide concrete, current information to indicate that a scooter is medically essential for mobility at the present time.

The Ministry submitted that the Appellant's request for the scooter was based on community access and independence as recommended by his OT; that he does have support from others (his roommate); and that the OT stated he can walk 30 metres on a good day. The Ministry argued that although there is no specific definition of basic mobility set out in the EAPWDR, the regulation does state that a scooter must be "medically essential" and a request based on community access and independence does not confirm that a scooter is medically essential to achieve or maintain basic mobility.

## Panel's decision

### *Eligibility for a Scooter*

Sections 3 and 3.4 of Schedule C of the EAPWDR prescribe various criteria that the Appellant must meet to be approved for a scooter. Section 3 requires a family unit to be eligible for health supplements under section 62 of the EAPWDR. The Appellant is eligible under subsection 62(1)(a) as he is designated as a Person with Disabilities. Pursuant to subsection 3.4(2)(a) of Schedule C, the health supplements referred to in section 3 of Schedule C include a scooter.

Subsections 3(2)(b) and 3.4(3)(c) of Schedule C specifically address the medical criteria that must be met in order to be eligible for a scooter. Under 3(2)(b), an OT's assessment is required to confirm the medical need for the scooter. Under 3.4(3)(c), the minister must be satisfied that the scooter is medically essential to achieve or maintain basic mobility. As noted by both the Appellant and the Ministry, basic mobility is not defined in the EAPWDR.

### *EAPWDR, subsection 3(2)(b): assessment from OT confirming the medical need for a scooter*

The Panel notes that the OT's assessments address the medical need for a scooter as follows:

In her original assessment from January 2014, the OT listed the Appellant's long standing medical conditions as reported by his family physician, and stated that he experiences pain in his lumbar region and left leg when walking beyond 30 metres. The Panel notes that the medical conditions listed include severe Peripheral Vascular Disease; neck, shoulder and back injury; and spinal surgery, all of which would logically result in chronic limitations to the Appellant's mobility and do currently affect his mobility due to pain and numbness as reported by both the Appellant and his physician.

In her assessment from June 2014, the OT again listed the Appellant's mobility-restricting medical conditions, and she described the Appellant's decreased sensation, as well as edema (swelling) in his lower limbs resulting in frequent falls outdoors within the past 6 months. She also described the sudden onset of debilitating leg pain and numbness due to the Appellant's chronic back injury.

In her most recent assessment from September 2014, the OT continues to recommend a scooter, reporting that the Appellant's medical condition has not improved and he has experienced increased back pain and numerous falls since his initial request for a scooter.

Given that the above evidence is from the OT's assessments and directly addresses the medical reasons for the Appellant requiring a scooter, the Panel finds that the Ministry unreasonably determined that the criterion in subsection 3(2)(b) was not met. The Panel weighs all of the assessments as high because they are current (2014) and although the onset of the Appellant's medical conditions occurred in the 1990's, the evidence is that they affect his mobility to this day by causing him significant pain and sudden numbness. Further, his medical conditions make him prone to falls and the OT's comments that the Appellant could use the scooter for safe mobility and fall prevention outside his home substantiates that he has a medical need for a scooter.

*EAPWDR, subsection 3.4(3)(c): minister is satisfied that the item is medically essential to achieve or maintain basic mobility*

The Panel notes that this subsection gives the minister the discretion to determine whether the scooter is medically essential. The record indicates that the Ministry relied on both old and current information to make its determination, including the information from the family physician, the OT, and the Appellant.

Although the Appellant's family physician recently reported that the Appellant is unable to leave his home or go to medical appointments due to severe mobility problems, the physician does not expressly state that a scooter is medically essential to achieve or maintain basic mobility. The Panel further notes that although the physician recommends a scooter on the Medical Equipment Request and Justification form, he still does not state that a scooter is essential for the Appellant's basic mobility.

The Appellant's evidence in both 2008 and 2014 is that he suffers debilitating pain and numbness, can barely walk, and that other mobility devices are not suitable for his condition. A scooter was neither needed nor recommended in 2008; however, his conditions and symptoms were similar then despite his physician's and OT's reports that he can no longer walk as far now (1 block or 30 metres as of 2014) and the OT's report that he now has increased back pain.

The Appellant reported that he can currently use the HandyDART with assistance from his roommate, and he does on occasion walk short distances or between appointments despite pain, numbness and falling. His OT reported he could walk 30 metres on an occasional good day, and recommended more recently that he use a cane indoors. The Panel notes that although the OT ruled out a walker and wheelchair for mobility outdoors, she did not address whether a cane could assist him with mobility outside the home.

The OT's evidence (January 2014), as the Ministry pointed out, is that a scooter would give him the ability to go out into the community and complete his daily living activities independently without over-exerting himself. In June 2014, the OT stated that a scooter was requested in hopes of preventing falls and significant injury while in the community. The OT's most recent information from September 2014, is that a scooter would allow the Appellant to complete his daily living activities independently by ensuring a safe means of mobility outside the home and mitigate the Appellant's fear of falling and injuring himself. The Appellant's evidence is that a scooter would enable him to independently go out in the community, get to appointments, and do the things he enjoys such as drawing and walking his dog. Furthermore, a scooter would enable him to regain his sense of life without embarrassment.

The Panel notes that the above evidence suggests that the Appellant has basic mobility when assisted by his roommate, as well as on occasional "good days", and that the Ministry reasonably determined that his request for a scooter was to provide independence in the community and safety from falls and injury rather than being medically essential to achieve or maintain his basic mobility. As noted above, neither his family physician nor his OT stated at any time that a scooter was medically essential for the Appellant's basic mobility.

The Panel therefore finds that the Ministry's decision was reasonably supported by the evidence on the subsection 3.4(3)(c) criterion. Accordingly, the Panel confirms the reconsideration decision.