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**Notice of Independent Medical Review Determination**

Dated: 8/28/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/10/2013
Date of Injury:	5/5/2000
IMR Application Received:	7/12/2013
MAXIMUS Case Number:	CM13-CM13-0001247

- 1) MAXIMUS Federal Services, Inc. has determined the request for a modified wheelchair **is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/12/2013 disputing the Utilization Review Denial dated 7/10/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/15/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for a modified wheelchair **is not medically necessary and appropriate.**

### **Medical Qualifications of the Expert Reviewer:**

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, 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 treatments and/or services at issue.

### **Case Summary:**

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated July 10, 2013

"Review of medical documentation identifies that the patient sustained an industrial injury on 5/1/00. Documentation does not describe specifics regarding the mechanism of injury.

The patient has been under the care of treating physician for unspecified neuralgia, neuritis, radiculitis, fibromyalgia/myositis, arachnoiditis, and unspecified meningitis. Most recent evaluation provided for review is, dated 6/5/13. The patient presented with back, arm, and leg pain. Location of the pain is all over. There are no current changes in pain. He is using a manual wheelchair. Physical exam demonstrates pain with palpation of the lumbar facet on both sides at L3-S1 region. There is pain noted over the lumbar intervertebral spaces on palpation"

## Documents Reviewed for Determination:

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application for Independent Medical Review (dated 7/12/2013)
- Utilization Review from [REDACTED] (dated 7/10/2013)
- Medical Records from [REDACTED] (dated 6/27/12-6/5/13)
- Medical Records from [REDACTED] (dated 6/27/12-1/24/13)
- Medical Records from [REDACTED], MD (dated 7/3/12-10/2/12)
- Medical Records from [REDACTED], MD (dated 9/21/12)
- Medical Records from [REDACTED] (dated 2/8/13)
- Medical Records from [REDACTED] (dated 3/6/13)
- Medical Records from [REDACTED] (dated 4/10/13-6/5/13)
- ODG Chapter 2 (latest version)-Knee and Leg regarding Wheelchair

### 1) Regarding the request for a modified wheelchair:

#### Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Official Disability Guidelines (ODG), Chapter 2, (latest version), Knee and Leg regarding Wheelchair, which is not a part of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found that no section of the MTUS was relevant and applicable for the issue at dispute. The Expert Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the issue at dispute.

#### Rationale for the Decision:

The employee sustained a work-related injury on 5/5/2000. The medical records provided for review indicate a diagnosis of lumbosacral neuritis. The medical report of 6/5/13 mentions the need for a modified wheelchair and states “the company has made measurements for the wheelchair...” The request is for a modified wheelchair.

MTUS does not specifically address modified wheelchairs. The Official Disability Guidelines (ODG) for Knee and Leg does provide a list of modifications for wheelchairs. The medical records reviewed, however, contained no documentation of what is meant by “modified wheelchair”. The request as submitted is unclear and unable to be compared to the evidence basis. The request for modified wheelchair **is not medically necessary and appropriate.**

**Effect of the Decision:**

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely;

Richard C. Weiss, MD, MPH, MMM, PMP  
Medical Director

cc: Department of Industrial Relations  
Division of Workers' Compensation  
1515 Clay Street, 18<sup>th</sup> Floor  
Oakland, CA 94612

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Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.