MAXIMUS Federal Services

Case Number:	CM13-0005554		
Date Assigned:	06/06/2014	Date of Injury:	03/11/2002
Decision Date:	07/22/2014	UR Denial Date:	07/24/2013
Priority:	Standard	Application Received:	08/01/2013

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 Hawaii. 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:

This case is a 51 year old male with a date of injury on 3/11/2002. A review of the medical documents indicate that the patient was undergoing treatment for low back pain, failed back surgery, major depression, cauda equine syndrome, urinary incontinence, insomnia, gait disturbance with significant fall risk, constipation, bilateral carpal tunnel syndrome, and bilateral shoulder impingement. Subjective complaints (8/7/2013) include "the patient's wheelchair is not functioning properly and does not roll in a straight line. The patient's current wheelchair is 11 years old. It was damaged when he sustained a fall getting out of his wheelchair van and rolled across the street and struck a car". Objective findings (8/7/2013) include 2/5 strength left toe extension, 3/5 at hip, knee, and ankle, reduced light touch throughout left lower extremity and left buttock. Treatment has included laminectomy/fusion L5-S1 (2002), medications (wellburtrin, norco, soma, Ditropan), wheelchair accessible van, and wheelchair. The treating physician further writes (8/7/2013) "it appears that the patient seems to require his wheelchair for mobility in his residence". A utilization review dated 7/24/2013 noncertified a request for 1 WHEEL CHAIR REPLACEMENT due to lack of documentation of a nonfunctional wheelchair or reason for a wheelchair replacement.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 WHEEL CHAIR REPLACEMENT: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic), Durable medical equipment (DME), Wheelchair Other Medical Treatment Guideline or Medical Evidence: Medicare, Medicare's Wheelchair & Scooter Benefit (April 2014).

Decision rationale: MTUS is silent with regards to wheelchairs. ODG does not specifically comment on replacement of wheelchair, but does reference guidelines for wheelchairs. ODG states "Recommend manual wheelchair if the patient requires and will use a wheelchair to move around in their residence, and it is prescribed by a physician." The patient's wheelchair is reported to have been damaged, when it was struck by a car. The treating physician also states that it will be used around the residence. The physician has also requested a replacement manual wheelchair for the patient. The OGD criteria appear to have been met. As such, I am reversing the prior UR decision and recommend 1 wheelchair replacement as medically necessary.