

<b>Case Number:</b>	CM13-0014980		
<b>Date Assigned:</b>	10/04/2013	<b>Date of Injury:</b>	05/03/2008
<b>Decision Date:</b>	01/14/2014	<b>UR Denial Date:</b>	08/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/21/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she 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 physician 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 underlying date of injury in this case is 05/03/2008. The primary diagnosis is lumbar disc displacement. A prior physician review noted that this patient has presented with complaints of pain in the lumbar spine, thoracic spine, and cervical spine with findings of tenderness, decreased range of motion with pain, straight leg raising, and positive Kemp's and Lasegue testing and also an antalgic gait and diminished strength and sensation in the lower extremities. That review notes that the documentation did not indicate that the patient had insufficient upper extremity function to propel a manual wheelchair nor whether a caregiver was available to assist in propelling a wheelchair. Therefore, that reviewer recommended that a request for a motorized wheelchair be non-certified. On 07/24/2013, a primary treating physician's progress report notes that the patient was status post a lumbar fusion and also had a cervical herniated nucleus pulposus with radiculopathy and a thoracic herniated nucleus pulposus. That physician reported that the patient, due to her height of 6 feet 1 inch, was unable to use a standard walker since it was too short and being in a prolonged flexed position caused significant increase in pain. Therefore, the treating physician indicated opined that a walker was not sufficient for ambulation. Therefore, the treating physician requested a motorized wheelchair.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Motorized wheelchair:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg, Power mobility devices (PMDs).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment of Workers' Compensation, Knee and Power Mobility Devices.

**Decision rationale:** The Official Disability Guidelines indicate, "Disability, pain, and age-related impairments seem to determine the need for a walking aid." The guidelines also indicate that power mobility devices 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 available, willing, and able to provide assistance with a manual wheelchair." The medical records provided for review indicate that the patient cannot use a standard walker given the patient's height of 6 feet 1 inch. It is not clear, however, whether the patient had been tried on a walker adjusted for the patient's height. Moreover, if the patient were not able to use a walker, it is unclear why the patient would require a motorized wheelchair as opposed to a manual wheelchair, which would be preferred by the guidelines. Overall, the medical records and guidelines at this time do not support the requested equipment. The request for motorized wheelchair is not medically necessary and appropriate.