

<b>Case Number:</b>	CM13-0019105		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	01/26/2009
<b>Decision Date:</b>	02/04/2014	<b>UR Denial Date:</b>	08/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/03/2013

### 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 Anesthesiology, has a subspecialty in Pain Management 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 patient is a 59-year-old male who reported an injury on 01/26/2009. The patient was noted to have been injured while trying to pry up a heavy part when he felt a pop and burning sensation in his right thigh radiating from his back. The patient has undergone surgical intervention as well as physical therapy and epidural steroid injections. The patient is status post fusion L2-4. The patient has been utilizing a wheelchair since at least 2012 since he could only ambulate up to 30 feet with a walker at that time. Recent note indicates that the patient had 5/5 right lower extremity motor strength with 4/5 left quadriceps and 3/5 EHL and peroneus longus strength. The patient also had decreased sensation in the left L3-S1 distributions. Note indicated that the patient had been authorization for a manual wheelchair but a motorized wheelchair was recommended as the patient could not adequately propel himself in a standard wheelchair and did not have someone to provide him with assistance. The patient was also noted to have a history of cervical fusion C2-7.

### 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 cite any medical evidence for its decision.

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

**Decision rationale:** The California MTUS Guidelines state that power mobility devices (PMDs) 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 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." The documentation provided indicates the patient is status post cervical and lumbar spine fusion procedures. The patient has been recommended for a motorized wheelchair versus a manual wheelchair. However, the guidelines state that patients must have insufficient upper extremity function to propel a manual wheelchair. The documentation submitted for review fails to demonstrate that the patient has sufficient upper extremity weakness to warrant a motorized wheelchair versus a manual wheelchair. Given the lack of documentation of upper extremity functional deficits at this time, the request is non-certified.