

Case Number:	CM13-0022822		
Date Assigned:	11/15/2013	Date of Injury:	06/03/2002
Decision Date:	02/03/2014	UR Denial Date:	09/09/2013
Priority:	Standard	Application Received:	09/11/2013

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 Family Practice and is licensed to practice in Texas. 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 61-year-old male who reported an injury on 06/03/2002. The mechanism of injury was not provided. Resulting injuries were to the lower back and upper left leg. There were no diagnostic studies included for review, nor was there a surgical history provided. The patient's current medication list is incomplete, but does include OxyContin 80 mg 2 times a day and Vicodin 2 or 3 times a day as needed. The clinical notes submitted for review state that the patient does participate in a self-directed exercise program, to include gym workouts and walking his dog; however, his pain is severely exacerbated with walking distances greater than 1 block. Otherwise, the patient's pain is under control with medications. There were no other clinical records submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Decision for Purchase-Standard Wheelchair: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines (2nd Edition) (MTUS), California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic Pain Guidelines, Official Disability Guidelines (ODG) Treatment Index, Current Edition (Web) and Medicare Guidelines.

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, Wheelchair.

Decision rationale: California MTUS/ACOEM Guidelines did not address the use of durable medical equipment, to include wheelchairs. Therefore, the Official Disability Guidelines were supplemented. ODG recommends the use of a manual wheelchair if the patient requires and will use a wheelchair to move around in their residence. According to the clinical notes provided, the patient is only in need of a wheelchair when walking long distances. It does not appear that he has any need for a wheelchair to perform activities of daily living inside of his residence. The clinical note dated 08/29/2013 specifically stated that the patient's pain is "well-controlled until he walks too far". Since the patient does not need the wheelchair in order to move around inside of his residence, it is not indicated at this time. As such, the request for Purchase-Standard Wheelchair is non-certified.