MAXIMUS Federal Services

Case Number:	CM13-0024465		
Date Assigned:	03/14/2014	Date of Injury:	03/06/2007
Decision Date:	07/31/2014	UR Denial Date:	08/22/2013
Priority:	Standard	Application Received:	09/16/2013

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 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 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 58-year-old female who has submitted a claim for fracture, non-union and lumbar radiculopathy associated with an industrial injury date of 03/06/2007. Medical records from 12/29/2008 to 09/09/2013 were reviewed and showed that patient complained of sharp, low back pain graded 8/10 radiating down the right lower extremity and left leg pain (grade not specified) with no associated radiation. Physical examination of the back revealed spasm of the paralumbar muscles and tenderness over the thoracolumbar paraspinal muscles and SI joint. There was limited lumbar ROM. DTR of the lower extremities were 2+ bilaterally. Physical examination of the left ankle and foot revealed well-healed surgical scars. Normal ROM of the fifth toe was noted. Tenderness around the left ankle was noted. The dorsalis pedis artery pulse was faintly palpable. An x-ray of the left ankle and foot dated 05/22/2012 revealed a well-maintained tibial plate, diffuse degenerative changes of the mid-foot and a healed non-displaced fracture of the left proximal phalanx of the 5th toe. Treatment to date has included open treatment with internal fixation, left ankle and ORIF, left tibia (07/01/2010), lumbar surgery, lumbar epidural injections, physical therapy, home exercise program, walker, pain medications and patches. A utilization review, dated 08/22/2013, denied the request for one replacement wheelchair. The rationale behind the decision was not attached with the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 REPLACEMENT WHEELCHAIR: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS ODG, Knee, Wheelchair.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Wheelchair.

Decision rationale: The California MTUS does not specifically address wheelchair use. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, ODG was used instead. The ODG recommends manual wheelchair if the patient requires and will use a wheelchair to move around in their residence, and it is prescribed by a physician. A lightweight wheelchair is recommended if the patient cannot adequately self-propel (without being pushed) in a standard weight manual wheelchair, and the patient would be able to self-propel in the lightweight wheelchair. In this case, the patient has been out of cast and capable of ambulation with a walker which will aid in functional restoration. There were no objective findings or discussion that supports the continued use of a wheelchair. Therefore, the request for 1 replacement wheelchair is not medically necessary.