

Case Number:	CM13-0026574		
Date Assigned:	11/22/2013	Date of Injury:	07/08/2003
Decision Date:	02/06/2014	UR Denial Date:	08/29/2013
Priority:	Standard	Application Received:	09/19/2013

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, has a subspecialty in Sports Medicine 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 53-year-old male who reported an injury on 07/08/2003. The mechanism of injury was stated to be lifting and carrying heavy material. The patient was noted to undergo a spinal cord stimulator implantation and removal and right knee surgeries. Per the most recent documentation, the patient had been in the hospital for a month and a half due to a "stroke in the spine" where it was noted the patient was now a paraplegic. The patient's diagnoses were noted to include brachial neuritis or radiculitis, cervical spondylosis without myelopathy, degeneration of cervical intervertebral disc, thoracic/lumbosacral neuritis/radiculitis unspecified, intervertebral lumbar disc disorder with myelopathy of the lumbar region, postlaminectomy syndrome lumbar region, intervertebral cervical disc disorder with myelopathy cervical region, primarily localized osteoarthritis of the lower leg, pain in joint lower leg, degenerative lumbar/lumbosacral intervertebral disc, lumbago, headache, and cervicgia. The request was made for an electric wheelchair.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electric 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 (ODG), Treatment Index, 11th Edition (web), 2013, Foot and ankle chapter, Mobility assistance devices.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Power Mobility Device Page(s): 99.

Decision rationale: MTUS guidelines do not recommend a power mobility device if the patient's 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 assist with a manual wheelchair. The patient was noted to have a positive straight leg raise bilaterally and was noted to have abnormal toe and heel walking. The patient's gait was noted to be antalgic and weak. The patient's posture was noted to be normal. The patient was noted to have decreased bilateral upper and lower extremity strength. The patient was noted to have a sensory examination which revealed decreased left C5, left C6, left L5, and S1. The patient was noted to have decreased right sensation to pinprick at C5 through S1. The patient's deep tendon reflexes in the lower extremities were decreased but equal. While the clinical documentation submitted for review indicated the patient was weak and had deficits, there was a lack of objective findings regarding the patient's upper body strength to support that the patient had insufficient upper extremity function to propel a manual wheelchair, and it failed to indicate that the patient did not have a caregiver who was available, willing, and able to provide assistance with a manual wheelchair. Given the above, the request for an electric wheelchair is not medically necessary.