

Case Number:	CM13-0027466		
Date Assigned:	11/22/2013	Date of Injury:	02/07/2004
Decision Date:	03/27/2014	UR Denial Date:	09/16/2013
Priority:	Standard	Application Received:	09/20/2013

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 Family Practice has a subspecialty in Preventive 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 sustained a work injury in 2004 that resulted in neck and left upper extremity symptoms. He has a history of Crohn's, multiple abdominal surgeries and peripheral neuropathy. He had a left median nerve release at the carpal tunnel and elbow as well as a left ulnar nerve release at the elbow. Electrical studies have shown C5-6 radiculopathy. An exam report on 8/29/13 indicated he has 7/10 pain to bilateral shoulders with difficulty in pulling, lifting, gripping and pushing. His exam was notable for an antalgic gait, decreased sensation of the L2-S2 dermatomes, limited range of motion of the neck and shoulders and as well as 4/5 strength of the upper extremities. A request was made for a wheelchair with cervical support. It was noted that he is alone during the day when his wife goes to work and needs assistance for self care.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE ELECTRIC WHEELCHAIR WITH CERVICAL SUPPORT BETWEEN 9/11/13 AND 10/26/13: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Power mobility devices (PMDs) Page(s): 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Power mobility devices (PMDs) Page(s): 99.

Decision rationale: 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. In this case, the clinical documentation suggests insufficient strength (4/5) to use a manual wheel chair and significant upper extremity pain that requires injections and continued therapy. In addition, home health services have been denied. As a result, the electric wheelchair for the dates in question is medically appropriate.