

Case Number:	CM13-0030902		
Date Assigned:	11/27/2013	Date of Injury:	07/27/2012
Decision Date:	04/01/2014	UR Denial Date:	09/05/2013
Priority:	Standard	Application Received:	10/02/2013

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 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 53-year-old female who reported an injury on 07/27/2012. The patient was reportedly injured while repositioning a client in bed. The patient is currently diagnosed with lumbar strain with associated multilevel facet hypertrophy, advanced degenerative changes of the left hip, mild degenerative arthritis of the right hip, and low white cell count. The patient was seen by [REDACTED] on 08/01/2013. The patient reported ongoing pain in the lower back and left hip. The patient was currently nonweight-bearing of the left lower extremity pending an orthopedic evaluation and treatment for the hip. Physical examination revealed an ability to stand on the right lower extremity and perform nonweight-bearing with crutches, as well as generalized low back pain. Treatment recommendations included a 6 month rental of a standard wheelchair.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six (6) month rental of a standard 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)

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 Chapter

Decision rationale: The Physician Reviewer's decision rationale: The Official Disability Guidelines recommend a manual wheelchair if the patient requires, and will use, a wheelchair to move around in their residence, and if it is prescribed by their physician. As per the documentation submitted, the patient was able to stand and perform nonweight-bearing with the right lower extremity using a set of crutches. Therefore, there is no indication of the need for a manual wheelchair. It is also noted that the physician recommended a walker with front wheels. However, the patient declined and requested a wheelchair. Based on the clinical information received, the medically necessity for the requested durable medical equipment has not been established. Therefore, the current request is noncertified.