

Case Number:	CM13-0031814		
Date Assigned:	12/04/2013	Date of Injury:	05/18/2009
Decision Date:	01/23/2014	UR Denial Date:	09/16/2013
Priority:	Standard	Application Received:	10/04/2013

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 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:

This patient is a 34-year-old female who reported an injury on 05/18/2009. The documentation submitted for review indicates that the patient has complaints related to the low back, with notes detailing the patient also to have a significant treatment history including formal physical therapy, activity restrictions, various medications, and 5 lumbar epidural steroid injections; however, the patient remains highly symptomatic. Notes indicate that the patient has undergone imaging and discography, which details positive findings at the L4-5 level, with notes detailing that, as of 05/22/2013, the patient was recommended to undergo surgical intervention with an L4-5 lumbar interbody fusion. However, notes also detail that the patient has a significant psychological overlay precluding the patient as a surgical candidate.

IMR ISSUES, DECISIONS AND RATIONALES

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

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), Foot and Ankle Chapter.

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

Decision rationale: CA MTUS/ACOEM Guidelines do not address wheelchairs. The Official Disability Guidelines state that a manual wheelchair may be recommended if the patient requires and will use a wheelchair to move around in their residence, and it is prescribed by a physician. The documentation submitted for review indicates that the patient, on 08/29/2013, was seen for evaluation with treatment plan notes indicating a request for a wheelchair so that the patient would be able to safely get her son to school without incident. Notes indicate that the patient was unable to walk her son to school due to pain. However, there is a lack of documentation submitted for review indicating that the patient requires the use of a wheelchair. Clinical notes indicate that the patient was able to ambulate with the assistance of a cane and had a left leg limp; however, motor testing of the lower extremities revealed no focal motor deficits, while detailing give way weakness of the lower extremity muscle groups. Additionally, sensation was noted to be intact in the lower extremities overall. Given the above, the request for wheelchair is not medically necessary and appropriate.