MAXIMUS Federal Services

Case Number:	CM13-0033124		
Date Assigned:	09/03/2014	Date of Injury:	12/18/2008
Decision Date:	09/29/2014	UR Denial Date:	10/02/2013
Priority:	Standard	Application Received:	10/09/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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:

This is a patient with a date of injury of 12/18/08. A utilization review determination dated 10/2/13 recommends non-certification of electric wheelchair purchase. The patient sustained a cervical spine fracture at C3-4 on 12/18/08 due to a vehicular accident and has quadriplegia. 9/9/13 medical report identifies lower extremity edema. He wears TED hose and periodically elevates legs. His current electric chair has a tendency to throw him forward with no adjustment of legs where he can elevate them. He's fallen out of chair a couple of times. He has neck pain, leg pain/sciatica, and hand pain. On exam, there are multiple areas of tenderness and neurologically, he is "impaired bilaterally." Recommendations included a new electric chair that has the capabilities to lean back and elevate legs with adjustment for poor circulation.

IMR ISSUES, DECISIONS AND RATIONALES

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

ELECTRIC WHEELCHAIR PURCHASE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines chapter Knee & Leg (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99 of 127.

Decision rationale: Regarding the request for electric wheelchair purchase, CA MTUS states that power mobility devices (PMDs) are 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. Within the documentation available for review, it is noted that the patient has quadriplegia. The provider notes that the patient's current chair has a tendency to throw him forward and has no adjustment of legs where he can elevate them. However, there is no clear rationale for the need of a new wheelchair rather than repair if the movement is not smooth and causing issues. Furthermore, the documentation does not identify that there is no provision for the addition of leg elevation to the current wheelchair or that the patient would be unable to readily transfer to furniture, etc., to elevate the legs regularly, as it appears that the patient does have some ability to stand, transfer, etc. In light of the above issues, the currently requested electric wheelchair purchase is not medically necessary.