

Case Number:	CM13-0041381		
Date Assigned:	12/20/2013	Date of Injury:	03/11/2002
Decision Date:	02/19/2014	UR Denial Date:	09/16/2013
Priority:	Standard	Application Received:	10/14/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. 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 New York and Texas. 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 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. 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 50-year-old male who reported an injury on 03/11/2002 due to a fall. The patient's injuries ultimately resulted in a lumbar fusion at the L4-5. The patient developed a neurogenic bladder and intractable pain that resulted in revision of the previous fusion. The patient received postsurgical physical therapy and assisted ambulation by durable medical equipment to include a manual wheelchair, a cane, and crutches. The patient was evaluated and it was determined that the patient's mobility limitations could not be resolved by lower levels of equipment to include crutches and a cane. It was noted that the patient required a wheelchair for long distance ambulation. The patient's most recent clinical evaluation revealed a positive impingement sign of the bilateral upper extremities and tenderness to of the left acromioclavicular joint. The patient had reduced motor strength of the lower extremities and reduced sensation to light touch throughout the left lower extremity. The patient's diagnoses included postsurgical cauda equina syndrome, pain related depression and insomnia, a gait disturbance, and bilateral shoulder impingement syndrome. The patient's treatment plan included continuation of medications and replacement of the patient's manual wheelchair.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 ultra light manual wheelchair with power assistance: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: The requested 1 ultra light manual wheelchair with power assistance is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient is using his wheelchair more often secondary to an increased number of falls in the home. It is noted within the documentation submitted for review that the patient's manual wheelchair is over 11 years old and no longer functions appropriately. California Medical Treatment Utilization Schedule states that power mobility devices 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. The clinical documentation submitted for review does not provide any evidence that the patient has any physical difficulties manipulating his manual wheelchair. The clinical documentation submitted for review provided evidence that the patient's manual wheelchair could not sufficiently function due to mechanical defect. As there was no significant change in the patient's clinical presentation, the need for an ultra light wheelchair is not clearly established. Additionally, as the patient's mobility deficits were sufficiently resolved with a regular manual wheelchair, the need for power mobility is not clearly indicated. As such, the requested 1 ultra light manual wheelchair with power assistance is not medically necessary or appropriate.