

Case Number:	CM13-0047780		
Date Assigned:	12/27/2013	Date of Injury:	07/08/2003
Decision Date:	04/03/2014	UR Denial Date:	10/17/2013
Priority:	Standard	Application Received:	11/04/2013

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 Internal Medicine & Emergency Medicine and is licensed to practice in Florida. 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 reported a date of injury of 07/08/03. The mechanism of injury was described as an industrial injury that resulted in neck and back pain. He subsequently suffered a stroke in August of 2013 rendering him paraplegic. A PR-2 Report, dated 08/20/13, identified subjective complaints of neck and low back pain. It was noted that he was in a wheelchair and has a 24/7 caregiver. Objective findings included paraspinal muscle spasm and decreased sensation. There was weakness in all extremities and an antalgic gait. Diagnostic studies were not performed at that time. Diagnoses indicate that the patient has cervical spondylosis and degenerative disc disease as well as lumbar disc disease. Treatment includes oral analgesics and a Lidoderm patch. A Utilization Review determination was rendered on 10/17/13 recommending non-certification of a "standard wheelchair with fixed full-length arm rests and fixed or swing-away detachable footrests".

IMR ISSUES, DECISIONS AND RATIONALES

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

Electric Wheelchair: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: The Medical Treatment Utilization Schedule (MTUS) Guidelines state that power mobility devices (electric wheelchairs) are not recommended if any of the following: - The mobility deficit can be sufficiently resolved by the prescription of a cane or walker. - The patient has sufficient upper extremity function to propel a manual wheelchair. - There is a caregiver who is available, willing, and able to provide assistance with a manual wheelchair. They further note if there is any mobility with canes or other assistive device, a motorized scooter is not essential to care. In this case, the patient has a 24/7 caregiver. Therefore, there is no documentation in the record for the medical necessity of an electric wheelchair.