

Case Number:	CM13-0048840		
Date Assigned:	12/27/2013	Date of Injury:	06/02/1993
Decision Date:	05/16/2014	UR Denial Date:	10/31/2013
Priority:	Standard	Application Received:	11/06/2013

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 Neurology has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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:

██████████ is a 64 year old man who sustained a work related injury on June 2 2014. Subsequently, he developed a chronic neck and back pain. According to a note dated on September 26 2013, the patient developed an antalgic gait. He was walking with a walker. His physical examination demonstrated spine tenderness with reduced range of motion and spasm. Despite pain medications including opioids, the patient continued to have right shoulder pain and bilateral knee pain limiting his ability to move. His provider requested authorization for an electric wheelchair.

IMR ISSUES, DECISIONS AND RATIONALES

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

AN ELECTRIC WHEELCHAIR: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SECTION ON POWER MOBILITY DEVICES (PMDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SECTION ON POWER MOBILITY DEVICES (PMDs) Page(s): 97.

Decision rationale: According to MTUS Guidelines, Power Mobility Devices are not recommended when 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. Early exercise, mobilization and independence should be encouraged at all steps of the injury recovery process, and if there is any mobility with canes or other assistive devices, a motorized scooter is not essential to care. There is no documentation that the patient does not have sufficient muscle strength to use a manual wheelchair. Furthermore, there no documentation the patient developed a primary motor deficit. His walking limitation is related to bilateral knee pain aggravated by some weight issues. These factors could be controlled by therapies other than an electrical wheelchair. Therefore, the request for an electric wheelchair is not medically necessary.