

<b>Case Number:</b>	CM13-0049685		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	12/12/1994
<b>Decision Date:</b>	02/27/2014	<b>UR Denial Date:</b>	10/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/08/2013

### 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 Physical Medicine and Rehabilitation, 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:

The patient is a 71-year-old who reported an injury on 12/12/1994. The patient is diagnosed with chronic lower back pain, post multiple surgical procedures on the lumbosacral spine, post fusion at L4-5 and L5-S1, prior history of chronic knee pain, postsurgical intervention on the right knee, 3 compartment degenerative osteoarthritis of the right knee, chronic right foot pain, post calcaneal cuboid fusion of the right foot, chronic left knee pain, chronic exogenous obesity, asthmatic bronchitis, and diabetes mellitus. A prescription for a power tilt chair was issued by [REDACTED] on 08/11/2013. However, a physical examination or physician progress report from [REDACTED] was not provided for this review. The latest physical examination submitted for this review is dated 01/29/2010 by [REDACTED]. Physical examination revealed marked obesity with decreased bilateral knee range of motion and a flexion contracture of bilateral hips. A motorized wheelchair was also requested by [REDACTED] on 01/29/2010 and 03/18/2011.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**A new power (tilt) 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) Knee & Leg 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 & Leg Chapter, Durable Medical Equipment, Power Mobility Devices

**Decision rationale:** Official Disability Guidelines state durable medical equipment is recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment. 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. As per the documentation submitted for review, there is no evidence of a recent physical examination documenting functional deficits. There is no indication as to why this patient would not be able to manually propel a wheelchair, nor evidence that the patient does not obtain assistance from a caregiver or outside resources. Specific functional limitations in the lower extremities are not outlined to support the request for a new wheelchair. The request for a new power (tilt) wheelchair is not medically necessary or appropriate.