

Case Number:	CM13-0050436		
Date Assigned:	12/27/2013	Date of Injury:	01/24/2001
Decision Date:	02/26/2014	UR Denial Date:	10/01/2013
Priority:	Standard	Application Received:	10/17/2013

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 & 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 62-year-old female who reported an injury on 01/24/2001. The mechanism of injury was not provided for review. The patient developed chronic pain in multiple body parts as a result of the reported injury. The patient's most recent clinical evaluation stated that due to the patient's diabetes, obesity and poor mobility, the patient used an electric wheelchair to assist with activities of daily living in the home. It was noted that the patient had cervical radiculopathy causing pain in her arms. The patient's treatment plan included an electric wheelchair lift for the patient's private vehicle and the prescription of Lidoderm patches to assist with pain control.

IMR ISSUES, DECISIONS AND RATIONALES

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

DMS-Van conversion/fitting for electric wheelchair lift as related to knee/shoulder injury:
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 (Acute & Chronic). Updated June 7, 2013.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter, Durable Medical Equipment (DME).

Decision rationale: The DMS/van conversion/fitting for electric wheelchair lift as related to knee/shoulder injury as an outpatient is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient does have limited mobility that does benefit from the use of an electrically-powered wheelchair. However, the Official Disability Guidelines only recommend durable medical equipment that is appropriate for use in a patient's home. The Official Disability Guidelines do not recommend equipment that can only be used outside the home as medically necessary. As such, the requested DMS/van conversion/fitting for electric wheelchair lift as related to knee/shoulder injury as an outpatient is not medically necessary or appropriate.