

<b>Case Number:</b>	CM13-0053654		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	04/23/2001
<b>Decision Date:</b>	03/14/2014	<b>UR Denial Date:</b>	11/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/18/2013

### 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 Occupational Medicine 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:

This is a 65-year-old female who sustained injury on 04/23/2001 to her knees and lower back. She has left knee MRI dated 11/02/2012 that showed tricompartmental osteoarthritis, more severe at the medial compartment with tear of medial meniscus with degeneration of lateral meniscus and thinning of ACL. She has lumbar MRI on 07/03/2013 that showed multilevel degenerative changes at L1-S1 levels with neural foramina and canal stenosis impinging on the L2, L3, L4, and L5 nerve roots. A clinical note dated 10/28/2013 by [REDACTED] indicated she presented with increase in her pain. She was noted to be doing better after ESI, use of current medications and use of TENS unit daily. Her pain level was 2-3/10. She was still having limitation with ADLs and mobility. She reported that she does not want to have surgery now. She denied any neurologic changes. Review of systems was unremarkable with no chest pain, SOB, claudication, breathing difficulties, good appetite, normal energy level, etc. On exam, her gait was antalgic with use of walker. On examination of extremities, there were bilateral knee bony changes, left greater than right, no erythema, no warmth, decreased left hip abduction due to pain and left knee flexion mild to moderate, knee joint tenderness mainly lateral aspect. On thoracic spine exam, thoracic kyphosis was noted, decreased extension. On lumbosacral spine exam, no gross deformities, ROM decreased throughout the LS spine in all planes due to pain, and mild tenderness on palpation throughout lumbosacral spine and paraspinals with paralumbar muscle spasms. Motor strength decreased throughout the lower extremities 4/5. Sensory decreased to light touch and pinprick in the distal lower extremities mainly L5-S1 distribution. SLR was mildly positive. She was diagnosed with bilateral knee internal derangement, lumbosacral neuritis, multilevel lumbar stenosis, multilevel lumbar disc displacement, and sacroiliac sprain. Treatment plan was continue current medications, indefinite

use of TENS unit, and powerchair to help with her mobility since she lives alone and has to be independent with activities of daily living.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Power wheelchair as related to lumbar/bilateral knee injury as outpatient between 11/4/213 and 12/19/2013:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chapter Low back - Lumbar & Thoracic (Acute & Chronic), Powered traction devices: & Chapter Knee & Leg (Acute & Chronic), Power mobility devices (PMDs)

**Decision rationale:** This 65-year-old female has evidence of multilevel lumbar degenerative disc disease and bilateral knee osteoarthritis. The provider documented that she was doing better after ESI and use of medications and TENS unit. Her pain level was minimal at 2-3/10. She was noted to have good energy level. She had antalgic gait and was noted to have only mild residual neurologic deficits but was able to ambulate with use of walker. As per the ODG (knee chapter), "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." Also as per CA MTUS and ODG (lumbar chapter), it is not recommended due to insufficient evidence to support its use in low back injuries due to risks of vertebral axial decompression. Therefore, the request for power wheel chair is not medically necessary and is non-certified.