

Case Number:	CM13-0055577		
Date Assigned:	12/30/2013	Date of Injury:	06/11/2001
Decision Date:	05/02/2014	UR Denial Date:	11/01/2013
Priority:	Standard	Application Received:	11/21/2013

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 Emergency Medicine and is licensed to practice in New York. 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:

The patient is a 59-year-old female who was injured on June 11, 2001. The patient continued to experience low back pain. Physical examination was notable for tenderness to palpation at the lumbosacral junction, decreased range of motion of the lumbar spine, decreased motor strength with left foot dorsiflexion and decreased sensation to light touch at the left lateral calf. Diagnoses included medications, steroid injections, and physical therapy. The patient was given a wheelchair many years ago that she used when she had to sit or stand for long periods when she was out of the house. She was unable to push the wheelchair on her own. Request for authorization for lighter wheelchair that can be self-propelled more easily was submitted for consideration.

IMR ISSUES, DECISIONS AND RATIONALES

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

LIGHTER WHEELCHAIR THAT CAN BE SELF PROPELLED MORE EASILY:

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)

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, Wheelchair.

Decision rationale: The Expert Reviewer's decision rationale: Manual wheelchair is recommended if the patient requires and will use a wheelchair to move around in their residence, and it is prescribed by a physician. A lightweight wheelchair is recommended if the patient cannot adequately self-propel (without being pushed) in a standard weight manual wheelchair, and the patient would be able to self-propel in the lightweight wheelchair. In this case the wheelchair was being prescribed as a replacement for a wheelchair that had not been prescribed by a physician. In addition the patient had been able to ambulate in her own residence and use the wheelchair only she was out of the house. Medical necessity has not been established. The request should not be authorized.