

Case Number:	CM13-0065155		
Date Assigned:	01/03/2014	Date of Injury:	01/23/2006
Decision Date:	03/25/2014	UR Denial Date:	11/12/2013
Priority:	Standard	Application Received:	12/12/2013

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:

The applicant is a [REDACTED] employee who has filed a claim for chronic knee pain associated with an industrial injury sustained on January 23, 2006. Thus far, the applicant has been treated with analgesic medications, transfer of care to and from various providers in various specialties, Synvisc injections, and extensive periods of time off of work. A March 25, 2013 progress note states that the applicant is on Oxycontin and Percocet for pain relief. She is off of work. A May 28, 2013 progress note states that the applicant is attending a [REDACTED]. She is on Percocet, Oxycontin, and Ambien. She is having a lot of pain. A June 17, 2013 progress note states that the applicant carries diagnosis of bilateral carpal tunnel syndrome, cervical radiculopathy, and thoracic degenerative disk disease. A December 28, 2013 progress note states that the applicant has multiple orthopedic issues. She has pain about the left great toe. She is having worsening low back, neck, and knee pain. The applicant has lost her car. She can only take public transportation as a means of getting around. Her knee is swelling up. She is given diagnosis of bilateral knee pain secondary to chondromalacia, chronic low back pain, and left big toe pain. She is asked to remain off of work, obtain electrodiagnostic testing, and obtain an electric wheelchair.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of an electric wheelchair: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chapter 12 Low Back Complaints Page(s): 301; 339, Chronic Pain Treatment Guidelines Page(s): 99.

Decision rationale: As noted in the MTUS Chronic Pain Medical Treatment Guidelines, power mobility devices such as electric wheelchairs are not recommended, as functional mobility deficits can be sufficiently resolved via a cane, walker, or manual wheelchair. In this case, it is not clearly stated why the applicant cannot use a cane. It is further noted that the MTUS Guidelines state that every attempt should be made to maintain the applicant at maximum levels of activity. In this case, provision of a wheelchair would seemingly diminish the applicant's level of activity. The applicant would be less inclined to walk, move about, carry on with daily chores, etc. were she furnished the motorized wheelchair in question. Pursuit of the same without clear documentation as to why the applicant cannot independently ambulate is not indicated or supported by either the MTUS Chronic Pain Medical Treatment Guidelines or by ACOEM. Therefore, the request is noncertified.