

Case Number:	CM13-0066533		
Date Assigned:	01/03/2014	Date of Injury:	06/02/1993
Decision Date:	05/21/2014	UR Denial Date:	12/04/2013
Priority:	Standard	Application Received:	12/16/2013

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 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 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:

According to the records made available for review, this is a 64-year-old male with a 12/4/13 date of injury. At the time of request for authorization for prospective request for one motorized wheelchair. There is documentation of subjective findings: worsened, persistent pain in the back, knee, ankle, right wrist, neck, and right shoulder that limits activities causing problems walking and is unable to use a walker). Objective findings: limited range of motion throughout the spine with tenderness, decreased sensation in the right C5-7 dermatomes and bilateral L4-S1 dermatomes, and motor weakness in the upper and lower extremities. The current diagnoses are cervical degenerative disc disease with stenosis, lumbar spine degenerative disc disease with severe stenosis, and radiculopathy. The treatment to date has included walker, physical therapy, activity modification, and medications. There is no documentation that the patient has insufficient upper extremity function to propel a manual wheelchair and there is no caregiver who is available, willing, and able to provide assistance with a manual wheelchair.

IMR ISSUES, DECISIONS AND RATIONALES

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

PROSPECTIVE REQUEST FOR 1 MOTORIZED 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 (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Power Mobility Devices Page(s): 99.

Decision rationale: The MTUS indicate that power mobility devices (PMDs) are not recommended if the functional mobility deficit can be sufficiently resolved by the prescription of a cane or walker, or the patient has insufficient upper extremity function to propel a manual wheelchair, or there is no caregiver who is available, willing, and able to provide assistance with a manual wheelchair, as criteria necessary to support the medical necessity of a motorized wheelchair. Within the medical information available for review, there is documentation of diagnoses of limited range of motion throughout the spine with tenderness, decreased sensation in the right C5-7 dermatomes and bilateral L4-S1 dermatomes, and motor weakness in the upper and lower extremities. In addition, there is documentation of functional mobility deficit that cannot be sufficiently resolved by the prescription of a cane or walker. However, there is no documentation that the patient has insufficient upper extremity function to propel a manual wheelchair and there is no caregiver who is available, willing, and able to provide assistance with a manual wheelchair. Therefore, based on guidelines and a review of the evidence, the request for Prospective request for 1 motorized wheelchair is not medically necessary.