MAXIMUS Federal Services

Case Number:	CM14-0004319		
Date Assigned:	02/05/2014	Date of Injury:	06/26/2001
Decision Date:	08/29/2014	UR Denial Date:	12/11/2013
Priority:	Standard	Application Received:	01/10/2014

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:

The injured worker is a male with date of injury 6/26/2001. The treating physician's progress report and request for authorization dated 12/4/2013, states the injured worker has not seen a bone Paget's disease specialist as suggested. He continues to complain of low back pain and discomfort. On the examination of the lumbar spine he walks with a slightly increased limp, there is limited range of motion of the lumbar spine with tenderness on palpation of the paraspinal musculature, tenderness to the midline of the lumbar spine, as well as tenderness to the right thigh. Neurological status is intact. Diagnoses includes, multilevel cervical discopathy, status post left shoulder arthroscopy, multilevel lumbar discopathy, right hip Paget's disease with sprain/strain, tear of left biceps, status post left knee arthroscopy with arthroscopic partial medial meniscectomy and chondroplasty, left foot metatarsalgia, status post reconstructive surgery of the right hip and status post left foot amputated toe.

IMR ISSUES, DECISIONS AND RATIONALES

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

POWER CHAIR FOR PURCHASE: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter, Power Mobility Devices (PMDs).

Decision rationale: The treating physician explains in an appeal to utilization review denial on 12/17/2013 that motorized wheelchairs provide additional support and helps with an individual's mobility. The injured worker has multiple pain sympoms and has been having difficulties walking due to his antalgic gait. He has also been suffering from cervical and lumbar spine problems as well as hip and knee issues. Manual wheelchairs pose a risk of straining the arms, shoulder and back due to excessive movement, and thus a power chair is well-suited for the patient's condition. Specifically a power wheelchair is requested to prevent further complications due to overuse of the arms. AME supplemental report dated 12/20/2013 refers to the AME report dated 7/22/2013 which recommended a power chair. The AME explains that the power chair was to help with going up and down stairs, where the patient sits on the chair and pushes an electrical button that would move the chair up and down the rails on the staircase. The AME recommendation and the primary treating physician's request are not consistent. The injured worker is able to walk, although with an antalgic gait. It does not appear that the injured worker is in need of a powered wheelchair. The MTUS Guidelines do not address the use of powered wheelchairs. The ODG does not recommend the use of power mobility devices if the functional mobility deficit can be sufficiently resolved by the prescription of a cane or walker, or if the patient has sufficient upper extremity function to propel a manual wheelchair, or there is a caregiver who is available, willing and able to provide assistance with a manual wheelchair. If there is any mobility with canes or other assistive devices, a motorized scooter is not essential to care. The request for Dme Power Chair For Purchase is not medically necessary.