

Case Number:	CM14-0004883		
Date Assigned:	04/04/2014	Date of Injury:	09/19/2012
Decision Date:	05/08/2014	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	01/13/2014

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 Physical Medicine and Rehabilitation has a subspecialty in Pediatric Rehabilitation Medicine and is licensed to practice in Texas. 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:

This is a 60-year-old female with a reported injury on 09/19/2012, and the mechanism of injury occurred when the injured worker was assisting a female claimant out of a wheelchair, resulting in back injury. The diagnoses are other post-procedural status and lumbago. The injured worker has a medical history of cauda equina syndrome x1 year and reportedly incontinent of urine and stool since that time with a chronic indwelling Foley catheter noted. Subjectively, the injured worker reports no feeling from the hips to the bilateral lower extremities. On the office visit of 03/23/2013, objective findings were that the injured worker moves all 4 extremities easily and there was no lower extremity edema or tenderness. However, on the office visit dated 02/12/2014, the injured worker was reportedly wheelchair-bound and reportedly paraplegic secondary to the cauda equina and prior laminectomy but ability to move all four extremities with weakness to lower extremities was reported. The injured worker has undergone lumbar surgery that was performed a year before the office visit of 03/24/2014, and has since developed the cauda equina syndrome. Medications include aspirin 81 mg daily; levothyroxine 75 mcg daily; Lipitor 20 mg a day; Neurontin 300 mg daily, and Ultram 50 mg as needed.

IMR ISSUES, DECISIONS AND RATIONALES

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

WHEELCHAIR PURCHASE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg, Durable Medical Equipment (DME).

Decision rationale: The Official Disability Guidelines state the wheelchair must withstand repeated use, i.e., could normally be rented, and used by successive patients, is primarily and customarily used to serve a medical purpose, generally is not useful to a person in the absence of illness or injury; & is appropriate for use in a patient's home. The request for the wheelchair purchase is non-certified. There was no objective evidence on office visit of 02/12/2014 to suggest that the injured worker was not able to ambulate as well as attempts at using any other mechanical assistance/device to aid in ambulation and at the time of the office visit was noted to be in a wheelchair. The documentation also indicated that the injured worker could move all 4 extremities. The request as submitted was for a purchase and there was a lack of rationale as to why the wheelchair could not be rented as recommended by guidelines. Also, there was a lack of information regarding the patient's current wheelchair to include the age of the wheelchair, condition of the current chair, whether this current chair is a rental or was purchased and whether the requested wheelchair would require any customizations to determine the necessity of the current request. Given the above, the request is non-certified.