

Case Number:	CM14-0005611		
Date Assigned:	02/05/2014	Date of Injury:	09/23/1988
Decision Date:	06/20/2014	UR Denial Date:	12/24/2013
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 and is licensed to practice in Illinois. 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 76 year old male who reported an injury on 09/23/1988 secondary to an unknown mechanism of injury. The most recent evaluation was on 04/09/2013 according to the medical records submitted for review. On that date, the injured worker reported bilateral foot and leg pain of unknown severity. On physical examination, he was noted to have possible neuropathy and "no cardiac symptoms." It was noted that the injured worker had full range of motion of the extremities with no deformities. Diagnoses included syncope and collapse, atrial fibrillation and flutter, lack of physical exercise, and diabetes mellitus. A letter of request on 12/12/2013 stated that the injured worker had significant mobility limitations and required a motorized wheel chair due to the size and limited strength of his wife and caretaker. A request for authorization was submitted on 12/13/2013 for the purchase of a motorized wheel chair. The documentation submitted for review failed to provide a request for authorization form.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME: MOTORIZED WHEEL CHAIR: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM: POWER MOBILITY DEVICES, ,

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, POWER MOBILITY DEVICES, 99

Decision rationale: The request for DME: motorized wheel chair is not medically necessary. Chronic Pain Medical Treatment Guidelines do not recommend a power mobility device if the functional mobility deficit can be sufficiently resolved by the prescription of a cane or walker, or 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. The documentation submitted for review provided one clinical note and one letter of request for authorization. The clinical encounter occurred over one year ago and noted full range of motion of the extremities with no deformities and no cardiac symptoms, and there is no evidence of a recent clinical evaluation. There is a lack of detailed documented evidence of the injured worker's functional mobility limitation to warrant a need for an assistive device. As such, the request for DME: motorized wheel chair is not medically necessary.