

Case Number:	CM14-0105139		
Date Assigned:	07/30/2014	Date of Injury:	10/09/1990
Decision Date:	09/25/2014	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	07/08/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 patient is a 52-year-old male who has submitted a claim for status post recurrent episodes of seroma formation, status post multiple surgeries to try to close the thecal sac leak, progressive debilitation leading to inability to stand/walk, and progressive weakness and instability of left lower extremity leading to need for wheelchair associated with an industrial injury date of October 9, 1990. Medical records from 2014 were reviewed, which showed that the patient complained of upper extremity numbness, low back pain radiating to the lower extremities and pain in the feet and legs. A physical examination revealed that the patient is dependent on a wheelchair. The patient was unable to stand up independently. The lumbar range of motion was impossible to test given the patient's inability to stand or balance. The range of motion of the hips, knees and left ankle were diminished due to stiffness and disuse. Manual muscle testing of the lower extremities were 3 and 4/5 in the left L4-S1 muscles. Straight leg raise testing was impossible on the left and required assistance from his right hand. Deep tendon reflexes were 2+ at the right knee, 1+ at the left knee and absent at both ankles. Sensation was diminished in the left L4 and L5 dermatomes. The patient was wheelchair bound even within his home. He was unable to engage in any meaningful activities without external support to prevent falls. He was also unable to walk a few steps and unable to use supportive devices due to UE numbness. He was unable to engage in any sustained activities, which in turn precludes engaging in meaningful attendance at a place of employment. He was unable to be in public without immediate access to a toilet, or with the use of an adult diaper due to unpredictable bladder and bowel incontinence. He was unable to reach overhead. He was unable to bathe or dress himself independently. He was unable to drive a car for more than short distances. The treatment to date has included medications and physical therapy, which provided minimal relief. A utilization review from June

3, 2014 denied the request for 1 adult wheelchair because there was no evidence of difficulty in ambulation with the use of a walker that the patient had already been using.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 adult wheelchair: Overturned

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) Ankle and Foot, Wheelchair and on the Non-MTUS WHO disabilities and rehabilitation.

Decision rationale: The California MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines (ODG) and the WHO wheelchair guidelines provided by the primary physician were used instead. The ODG recommends a wheelchair if the patient requires and will use a wheelchair to move around in their residence, and it is prescribed by a physician. In this case, the patient had been dependent on a wheelchair for over several months for mobility. He was not able to use supportive devices such as a walker, cane or crutches due to upper extremity numbness. The physician prescribed a wheelchair to the patient because the latter no longer fitted in his current wheelchair. According to the WHO, providing wheelchairs that are appropriate, well-designed and fitted not only enhances mobility, but also opens up a world of education, work and social life for those in need of such support. The patient will benefit in a replacement of his wheelchair. Therefore, the request for 1 adult wheelchair is medically necessary.