

Case Number:	CM14-0109465		
Date Assigned:	08/01/2014	Date of Injury:	05/11/1992
Decision Date:	10/07/2014	UR Denial Date:	06/30/2014
Priority:	Standard	Application Received:	07/14/2014

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 Pain Management 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:

This is a male patient with the date of injury of May 11, 1992. A Utilization Review was performed on June 30, 2014 and recommended non-certification of [REDACTED] power wheelchair with spot tilt recline and chin control active aid custom rolling shower commode chair. A Progress Report dated June 17, 2014 identifies Directed Examination findings of enters the room in his power wheelchair and chin control. Patient has limited cervical spinal range of motion as usual, tetraplegia grossly unchanged, upper traps, full range, right deltoid and biceps antigravity but antigravity left. Assessment identifies tetraplegia: neurologically stable. Plan identifies request authorization for new Active Aid custom reclining rehab shower chair and replacement [REDACTED] power wheelchair with spot tilt recline with chin control.

IMR ISSUES, DECISIONS AND RATIONALES

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

[REDACTED] power wheelchair with spot tilt recline and chin control: 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), Treatment Index, 11th Edition (web), 2013, Knee and Leg/Power mobility devices (PMDs)

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

Decision rationale: Regarding the request for Quickie WMD-710 MPC power wheelchair with spot tilt recliner and chin control, Chronic Pain Medical Treatment Guidelines state that powered mobility devices are not recommended if the functional 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. Within the documentation available for review, the notes indicate the patient already has a powered wheelchair. There is no clarification as to why a replacement wheelchair is needed. As such, the current request for [REDACTED] power wheelchair with spot tilt recliner and chin control is not medically necessary.

Active aid custom rolling shower commode chair: 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), Treatment Index, 11th Edition (web), 2013, Knee and Leg/Durable Medical Equipment.

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: Regarding the request for Active aid custom rolling shower commode chair, California MTUS does not address the issue. ODG states certain DME toilet items (commodes, bed pans, etc.) are medically necessary if the patient is bed- or room-confined, and devices such as raised toilet seats, commode chairs, sitz baths and portable whirlpools may be medically necessary when prescribed as part of a medical treatment plan for injury, infection, or conditions that result in physical limitations. Within the documentation available for review, there is no indication as to why a new commode chair is needed for this patient. Additionally, there is no documentation identifying why a custom device would be needed. In the absence of such documentation, the currently requested Active aid custom rolling shower commode chair is not medically necessary.