

Case Number:	CM14-0014419		
Date Assigned:	02/28/2014	Date of Injury:	09/08/2010
Decision Date:	06/27/2014	UR Denial Date:	01/17/2014
Priority:	Standard	Application Received:	02/05/2014

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 Interventional Spine 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 patient is a 44-year-old female with date of injury of 09/08/2010. The listed diagnoses per [REDACTED] dated 12/17/2013 are: 1. Lumbar sprain. 2. Lumbar disk protrusion. 3. Lumbar radiculopathy. 4. Right ankle sprain. 5. Depression. According to this report, the patient finished her medication earlier than usual, so her pain has been pretty aggravated, and it is currently about 7/10 in the low back. She states that when takes her medications her pain will go down to a 3/10. The examination of the lumbosacral spine shows posture is noted to be well preserved with no splinting. No surgical or traumatic scars or burns are visible. Her gait is normal. Heel and toe ambulation is slightly painful. Tenderness is noted at the L4-L5 on deep palpation as well as the bilateral posterior/superior iliac spine. Range of motion is within normal limits with flexion and rotation. It is slightly diminished upon extension and forward flexion. Straight leg raise is positive at 60 degrees and 45 degrees on the left. Sensation is intact to light touch and pinprick in all dermatomes of the bilateral lower extremities. The patient has full weight bearing on the lower extremity. There is no swelling over the medial or lateral compartments of the ankle or over at the medial or lateral malleoli. There is tenderness on the lateral side of the right ankle. There is full and painless range of motion in the ankle as well. The Utilization Review denied the request on 01/17/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

WHEELCHAIR: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE 2ND EDITION (2004), ,

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG chapter ankle and foot under wheelchairs

Decision rationale: This patient presents with low back pain and right ankle pain. The treating physician is requesting a wheelchair. The California Medical Treatment Utilization Schedule (MTUS) and the American College of Occupational and Environmental Medicine (ACOEM) Guidelines are silent with regards to this request. However, ODG on wheelchairs states that it is recommended if the patient requires and will use the wheelchair to move around in the residence and if it is prescribed by a physician. The report dated 09/20/2013 documents that the patient has a long history of multiple slips and falls. The treating physician noted on 11/19/2013, "For proper and safe mobility, I am requesting she should be authorized for a wheelchair." In this case, while the examination does not document instability or mobility limitation, the treating physician is concerned about the patient's history of slips and falls and the request for a manual wheelchair is reasonable. The wheelchair is medically necessary and appropriate.