

Case Number:	CM14-0019662		
Date Assigned:	04/28/2014	Date of Injury:	07/15/1998
Decision Date:	07/07/2014	UR Denial Date:	02/07/2014
Priority:	Standard	Application Received:	02/18/2014

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 & Rehabilitation 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:

According to the records made available for review, this is a 54-year-old male with a 7/15/98 date of injury. At the time (2/7/14) of the request for authorization for purchase of a wheelchair replacement: Q-Edge with Q-Logic II and with a balanced seating system, there is documentation of subjective (hip pain and pain in inguinal area and lumbar spine pain, walking is a shuffling gait limited to three steps and holding onto surrounding furniture or walker, standing is limited to one minute) and objective (decreased hip range of motion bilaterally, moderate swelling with 1+ pitting edema bilateral legs with moderate stasis dermatitis changes, greater on the left than right, and moderate tenderness in the pelvic brim and junction bilaterally) findings, current diagnoses (traumatic arthropathy pelvis/thigh, total hip arthroplasty right, left hip osteoarthritis, osteoporosis moderate, and lumbar radiculitis bilateral), and treatment to date (medication and a wheelchair). There is no documentation of a functional mobility deficit that cannot be sufficiently resolved by the prescription of a cane or walker, the patient has insufficient upper extremity function to propel a manual wheelchair, and there is no caregiver who is available, willing, or able to provide assistance with a manual wheelchair.

IMR ISSUES, DECISIONS AND RATIONALES

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

PURCHASE OF A WHEELCHAIR REPLACEMENT: Q-EDGE WITH Q-LOGIC II AND WITH A BALANCED SEATING SYSTEM: 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) Wheelchair.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines POWERED MOBILITY DEVICES Page(s): 132.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of a functional mobility deficit that cannot be sufficiently resolved by the prescription of a cane or walker, the patient has insufficient upper extremity function to propel a manual wheelchair, and there is no caregiver who is available, willing, or able to provide assistance with a manual wheelchair, as criteria necessary to support the medical necessity of Motorized Wheelchair or Scooter. Within the medical information available for review, there is documentation of diagnoses of traumatic arthropathy pelvis/thigh, total hip arthroplasty right, left hip osteoarthritis, osteoporosis moderate and lumbar radiculitis bilateral. However, given documentation of walking is limited to holding onto a walker, there is no documentation of a functional mobility deficit that cannot be sufficiently resolved by the prescription of a cane or walker. In addition, there is no documentation that the patient has insufficient upper extremity function to propel a manual wheelchair and there is no caregiver who is available, willing, or able to provide assistance with a manual wheelchair. Therefore, based on guidelines and a review of the evidence the request for the purchase of a wheelchair replacement: Q-Edge with Q-Logic II with a balanced seating system is not medically necessary.