

<b>Case Number:</b>	CM14-0125490		
<b>Date Assigned:</b>	09/26/2014	<b>Date of Injury:</b>	10/22/1998
<b>Decision Date:</b>	12/24/2014	<b>UR Denial Date:</b>	07/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/07/2014

### 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 Internal Medicine 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 injured worker (IW) is a 53-year-old woman with a date of injury of October 22, 1989. The mechanism of injury was not documented in the medical record. There are 2 progress reports in the medical record. One is dated March 20, 2014; the other is dated May 12, 2014. The May progress reports is completely unreadable due to the poor quality of the copy/scan. Pursuant to the progress report dated March 20, 2014, the IW was last seen December of 2013. She was unable to attend doctor visits as she has been in bed for 6 weeks. The IW has sustained falls. She has been extremely depressed to the point in which she has not been able to attend the rheumatology consultation. The IW has multiple orthopedic problems throughout her body as well as internal and psychiatric complaints. Objectively, the provider reports that the IW ambulated with difficulty. The IW complains of giving way of the legs and falling often. The IW has a back support. The IW has been diagnosed with multiple orthopedic complains including spine, upper and lower extremities; psychiatric complaints; and internal complains. Current medications were not documented. Treatment plan includes: Continue care with pain management specialist, psychiatrist care, and schedule to see a rheumatologist. This request is for an electric wheelchair purchase.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Electric wheel chair purchase:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Powered Mobility Device

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and Official Disability Guidelines, electric wheelchair purchases not medically necessary. Power mobility devices are not recommended if the functional mobility deficit can be sufficiently resolved by the prescription of a cane or walker for the patient has sufficient upper extremity function to propel a manual wheelchair or there is a caregiver who was available, willing, and able to provide assistance with a manual wheelchair. Early exercise, mobilization and independence should be in courage that all steps of the injury recovery process, and if there is any mobility with canes or other assistive devices, a motorized scooter is not essential to care. In this case, the injured worker's diagnoses are fibromyalgia, narcotic dependency, right hip internal derangement and depression. She has right foot dragging with severe tenderness the palpation throughout the lumbar spine. The injured worker has reported recurrent falls. The treatment plan has included a psychiatric referral, rheumatology referral and is currently under pain management. Although the injured worker has objective findings with functional deficits involving the lower extremities, there is no documentation in the medical indicating objective evidence of upper extremity functional deficits that would in fact warrant a power mobility device. The injured worker ambulates with difficulty in the progress note dates March 2014. There is no clinical evidence in the medical record prohibiting a manual wheelchair or walker and consequently, wheelchair purchase is not medically necessary. Based on the clinical information in the medical record and a peer-reviewed evidence-based guidelines, electric wheelchair purchase is not medically necessary.