

Case Number:	CM14-0138164		
Date Assigned:	09/05/2014	Date of Injury:	04/03/2000
Decision Date:	10/02/2014	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	08/26/2014

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 48 year old female with an injury date of 04/03/00. Based on the 06/30/14 progress report provided by [REDACTED] the patient complains of low back pain radiating to left leg and pain in the bilateral knees. The patient has had 5 back surgeries in the past. She has been using a walker, however she still is limited. She is able to tolerate activities of daily living with the use of medications. Physical examination reveals decrease in range of motion in all directions with pain. Lumbar spine shows loss of lumbar lordosis, well healed surgical scar and significant muscle spasm. Diffuse lower extremity muscle weakness and guarding is noted on motor exam. Examination of the left knee revealed range of motion painful movements, restricted flexion beyond 70 degrees with crepitus and pain. Diagnosis 06/30/14- post-lami syndrome, lumbar- lumbar back pain- knee enthesopathy NOS, status post Supartz injections- chronic pain syndrome Per 06/30/14 progress report, patient is able to complete ADL's and has higher functional ability with medications. She cannot ambulate for long periods of time due to pain, her obesity and osteoarthritis of the knees. [REDACTED] is requesting one wheelchair for assisted mobility. The utilization review determination being challenged is dated 07/22/14. The rationale is patient is not a candidate for a wheelchair based on guidelines. [REDACTED] is the requesting provider, and he provided treatment reports from 02/10/14 - 08/26/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

One wheelchair for assisted mobility: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg (Acute & Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG, knee chapter online for Wheelchair

Decision rationale: The patient presents with low back and bilateral knee pain. The request is for one wheelchair for assisted mobility. Patient is status post laminectomy and knee enthesopathy. Regarding wheelchairs, ODG recommends if the patient requires and will use a wheelchair to move around in their residence, and it is prescribed by a physician. Per 06/30/14 progress report, patient is able to complete ADL's, but cannot ambulate for long periods of time. The physician indicates that despite the use of a walker, the patient still has problem getting around and only short distance walking. Use of a wheel chair may help increase the patient's mobility. This request is medically necessary.