

Case Number:	CM14-0153122		
Date Assigned:	09/23/2014	Date of Injury:	04/02/2014
Decision Date:	10/24/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	09/19/2014

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 Illinois. 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 is a 41-year-old male with a reported date of injury on 04/02/2014. The mechanism of injury was not listed in the records. The diagnoses included lumbar radiculopathy and status post lumbar fusion. The injured worker's past treatments included pain medication, physical therapy and surgical intervention. There was no relevant diagnostic testing provided in the notes. The injured worker's surgical history included lumbar fusion. The subjective complaints on 07/21/2014 included that the injured worker continues to have discomfort and pain in the lower back and feels that the pain is radiating down to the right leg. The injured worker states that he has attributed his pain to the heavy wheelchair he is currently in and is requesting a lighter wheelchair. The physical exam noted severe decreased range of motion to the lumbar spine. Additionally, it should be noted that this patient has a history of polio. The medications were not provided for review. The treatment plan was to refer the patient to a pain management specialist and order a lighter wheelchair. A request was received for a lightweight custom built wheelchair. The rationale for a lighter wheelchair documented in the notes was to help with his back injury. A Request for Authorization form was not provided in the notes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Light weight, custom built wheelchair: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines); Knee and Leg Chapter

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, Wheelchair.

Decision rationale: The request for lightweight, custom built wheelchair is not medically necessary. The Official Disability Guidelines state wheelchairs are recommended if the patient requires and will use a wheelchair to move around in their residence and it is prescribed by a physician. A lightweight wheelchair is recommended if the patient cannot adequately self propel without being pushed in a standard weight manual wheelchair and the patient would be able to self propel in a lightweight wheelchair. The notes indicate that the injured worker has a standard wheelchair and is able to self propel. However, there is no indication in the notes that the patient needs assistance with propulsion and cannot adequately self propel. As the injured worker can adequately self propel the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.