

Case Number:	CM14-0165224		
Date Assigned:	10/10/2014	Date of Injury:	07/27/1989
Decision Date:	11/10/2014	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	10/07/2014

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 Physical Medicine and 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 77-year-old male with a 7/27/89 date of injury. At the time (9/8/14) of request for authorization for electric wheel chair with incorporation of the recent seating evaluation, there is documentation of subjective (right foot drop, mild cognitive impairment, and impaired mobility) and objective (patient seated in electric wheelchair, normal ROM except left ankle plantar flexed in brace, irregular cranial defect noted on the right side of the head from the frontal area to the posterior auricular area, visual defect of the right eye, and decreased strength of the right ankle dorsiflexors) findings, current diagnoses (traumatic brain injury, right foot drop, mild cognitive impairment, and visual defect on the right side), and treatment to date (physical therapy and medications). Medical report identifies a request for a new electric wheelchair as mobility remains quite impaired and the patient's current wheelchair needs repair since the left hand control is broken. 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.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electric wheel chair with incorporation of the recent seating evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Wheel chair Power mobility devices (PMDs)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Power Mobility Devices Page(s): 132. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg, Durable medical equipment (DME)

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. ODG identifies documentation that the requested durable medical equipment (DME) can withstand repeated use (i.e. could normally be rented, and used by successive patients); and is primarily and customarily used to serve a medical purpose, generally is not useful to a person in the absence of illness or injury, as criteria necessary to support the medical necessity of durable medical equipment. In addition, medical practice standard of care necessitate documentation of a clear rationale for the replacement of DME already in use, such as malfunction or breakdown. Within the medical information available for review, there is documentation of diagnoses of traumatic brain injury, right foot drop, mild cognitive impairment, and visual defect on the right side. In addition, there is documentation that the patient is currently utilizing an electric wheelchair. Furthermore, there is documentation of a functional mobility deficit (right foot drop and decreased strength of the right ankle dorsiflexors) that cannot be sufficiently resolved by the prescription of a cane or walker. Lastly, given documentation that the patient requires a new electric wheelchair as the patient's current wheelchair needs repair since the left hand control is broken, there is documentation of a clear rationale for the replacement of DME already in use (breakdown). However, despite documentation of a request for a new electric wheelchair as mobility remains quite impaired, 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 wheel chair with incorporation of the recent seating evaluation is not medically necessary.