

Case Number:	CM14-0175194		
Date Assigned:	10/29/2014	Date of Injury:	12/01/1995
Decision Date:	12/05/2014	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	10/23/2014

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 Family Practice, 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:

52 yr. old male claimant sustained a work injury on 12/1/95 involving the right shoulder and neck. He was diagnosed with right rotator cuff impingement with supraspinatus tendonitis and fusion and chronic regional pain syndrome. He had undergone a cervical anterior decompression. A progress note on 10/1/14 indicated the claimant had allodynia in the left leg. Motor exam in the upper and lower extremities were intact. His wheelchair was not functional and a request was made for an electric wheelchair to assist with ambulation and performance of daily activities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electric wheelchair for purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Power Mobility Devices Page(s): 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Powered mobility devices Page(s): 99.

Decision rationale: According to the MTUS guidelines, powered mobility devices are not recommended if the functional mobility deficit can be sufficiently resolved by the prescription of a cane or walker, or the patient has sufficient upper extremity function to propel a manual

wheelchair, or there is a caregiver who is available, willing, and able to provide assistance with a manual wheelchair. In this case there was no documentation that the claimant cannot mobilize using the above manual methods. Therefore the use of a motorized wheelchair is not medically necessary.