

<b>Case Number:</b>	CM14-0179642		
<b>Date Assigned:</b>	11/04/2014	<b>Date of Injury:</b>	06/10/2004
<b>Decision Date:</b>	12/12/2014	<b>UR Denial Date:</b>	10/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2014

### 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 50-year-old male with a date of injury of 06/10/2004. The listed diagnoses per [REDACTED] are: 1. Lumbar DDD, status post multiple L4-L5 discectomies; 2. Lumbosacral radiculopathy; 3. Chronic low back pain; 4. Bilateral peroneal neuropathies, status post bilateral surgical peroneal decompression; 5. Significant gait disturbance; 6. Pain-related insomnia; 7. Pain-related depression; 8. Possible left hip DJD; 9. Right shoulder impingement syndrome; 10. Bilateral chronic knee pain with recent worsening of right knee pain. The patient is status post L3 to L4 decompression of fusion on 04/11/2013. According to progress report 10/15/2014, the patient underwent repeat peroneal block on 04/10/2014 which have "largely worn off." Examination revealed patient seated in wheelchair and in mild distress. Examination of the lumbar spine revealed tenderness to palpation overlying the lumbar spine and bilateral lumbar paraspinal regions and seated straight leg raise is positive bilaterally. Examination of the cervical spine revealed tenderness to palpation throughout the cervical spine and bilateral cervical paraspinal regions. Range of motion is slightly reduced. Examination of the lower extremities revealed slight swelling in the bilateral lower extremities about the mid-calf. Neurological examination revealed 2/5 motor testing at the patient's ankles and feet bilaterally. The patient had 3-/5 motor testing with right knee extension and left knee extension was 4-/5. The treating physician is requesting a powerized wheelchair "in order to alleviate the patient's shoulder pain and to further facilitate his mobility." Utilization Review denied the request on 10/17/2014. Treatment reports from 05/01/2014 through 10/15/2014 were reviewed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 wheelchair with power assist:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines For Power Mobility Devices Page(s): 99.

**Decision rationale:** This patient presents with chronic low back pain. The treating physician is requesting 1 wheelchair with power assist. The treating physician in his 10/15/2014 report states that the patient has difficulty propelling his wheelchair adequately as he has reported incidence of developing shoulder pain. For Power Mobility Devices, the MTUS guidelines page 99 has the following: "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. Early exercise, mobilization and independence should be encouraged at 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 treating physician has concerns of the patient's shoulder pain but none of the reports reviewed provide documentation of upper extremity weakness. The treating physician's reports also do not go into the patient's family situation to determine whether or not someone is available to help this patient during community ambulation. There are no hard neurologic findings showing real weakness of the legs, other than chronic pain. MTUS allows for power mobility devices when manual wheelchair is not feasible due to upper extremity weakness and no one is available for help. Such is not demonstrated in this case. Recommendation is that the request is not medically necessary.