

<b>Case Number:</b>	CM14-0181663		
<b>Date Assigned:</b>	11/06/2014	<b>Date of Injury:</b>	06/07/2000
<b>Decision Date:</b>	12/12/2014	<b>UR Denial Date:</b>	10/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/31/2014

### 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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic foot and lower extremity pain reportedly associated with an industrial injury of June 7, 2000. Thus far, the applicant has been treated with the following: Analgesic medications; reported development of a Charcot foot deformity; and debridement of several lower extremity diabetic ulcers. In a utilization review report dated October 20, 2014, the claims administrator failed to approve s request for purchase of a motorized wheelchair. In an October 30, 2014, letter, the applicant's treating provider noted that the applicant had sustained a fracture of the right foot. The applicant had apparently developed a Charcot foot deformity about the left foot. The applicant reportedly could not wear any type of shoe owing to the fact that the skin overlying the left foot is completely broken down. The applicant was apparently unable to propel a standard wheelchair owing to his history of upper extremity weakness. The applicant did not have much assistance from family members and was living with an elderly roommate, it was further noted. The applicant reportedly had "no ability" to move about. It was stated that the applicant was able to access his car through the aid of an elevator apparently present within his apartment. The attending provider again stated that a motorized wheelchair would help the applicant to perform activities of daily living while his wound was healing. A September 12, 2014, progress note is notable for comments that the applicant had issues with a fractured right fifth metatarsal and a Charcot foot deformity about the left foot. The applicant apparently had a pad in place about the foot. The applicant was using a wheelchair to move about. The attending provider complained that the applicant had not been furnished with special diabetic shoes. Hyperkeratotic lesions and a fluid-filled bursa were appreciated about the left foot. Some of the applicant's wounds were apparently debrided, aspirated, and/or evacuated. The applicant was given a dressing and asked to follow up in a week's time.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Purchase of a motorized wheelchair, Hoveround:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** As noted on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines, power mobility devices such as the wheelchair at issue are not recommended if an applicant's functional mobility deficit can be sufficiently resolved through usage of a cane, walker, and/or manual wheelchair. Here, however, the applicant's functional mobility deficit is fairly profound. The applicant has a fracture about one foot and a non-healing diabetic ulcer about the other foot. The attending provider has suggested that the applicant has been advised to remain non-weight bearing until the ulcer and/or fracture healed. The applicant apparently has upper extremity issues which are preventing successful propulsion of a manual wheelchair. Provision of a motorized wheelchair is, thus, indicated in the clinical context present here. Therefore, the request is medically necessary.