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| <b>Case Number:</b>   | CM14-0022160 |                              |            |
| <b>Date Assigned:</b> | 05/09/2014   | <b>Date of Injury:</b>       | 03/21/1996 |
| <b>Decision Date:</b> | 07/10/2014   | <b>UR Denial Date:</b>       | 02/04/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 02/21/2014 |

### 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 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 patient is a 58 year old male who was injured at work on 3/21/1996. The injury was primarily to his back. He is requesting review of a denial for the use of a motorized wheelchair. A review of his medical records is notable for a recent repeat Agreed Medical Examination that was completed on 2/21/2014. The note corroborates a disc injury to his back with three subsequent surgeries; the last one performed in August, 2001. The patient had persistent post-surgical pain and failed to respond to a pain pump implant and several attempts with spinal cord stimulators. He is currently on a medication regimen that includes the following: hydrocodone, hydromorphone, Actiq lozenges, gabapentin, Cymbalta, baclofen, Effexor, and clonazepam. His functional ability is described as being able to ambulate 10 feet with the use of a walker. He requires assistance to get out of bed and to use the bathroom. A physical examination is documented and is remarkable for limitation in the range of motion of his back with “pan motor weakness of the lower extremities with all motor groups being 4/5 [strength].”

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MOTORIZED WHEELCHAIR:** Upheld

**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 Page(s): 99.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines provide the criteria for the use of power mobility devices (PMDs). As stated in these guidelines, PMDs 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." The medical records indicate that the patient is capable of ambulating a limited distance with the assistance of a walker. There is insufficient documentation in the medical records to assess the patient's upper extremity function. There is insufficient documentation in the records regarding the availability of a caregiver who would be able to provide assistance with a manual wheelchair. Given these findings, use of a motorized wheelchair is not considered medically necessary.