

Case Number:	CM14-0026416		
Date Assigned:	07/30/2014	Date of Injury:	04/10/1991
Decision Date:	10/20/2014	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	03/03/2014

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 patient is a 61 year old female who was injured on 04/10/1991. The mechanism of injury is unknown. Neurosurgical report dated 02/03/2014 states the patient presented with severe back pain to the right of the midline. She reported taking Soma and Norco. She stated she needs a new wheelchair as both of her devices have worn out due to age and usage. She also reported she had been falling due to weakness in her right knee. On exam, there is tenderness to palpation to the left of the midline and low lumbar musculature. Her flexion was limited at her waist to 40 degrees; extension 5 degrees and her strength were intact. She had absent knee jerks and ankle jerks. Seated straight leg raise was negative at 90 degrees. She is diagnosed with status post-operative bilaterally knee arthroscopies and status post-operative anterior and posterior fusion and decompression, L3 through S1. A Nova walker and a new wheelchair has been recommended and requested. Prior utilization review dated 02/19/2014 states the request for a new standard wheelchair is denied as medical necessity has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

New standard wheelchair: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: MTUS guidelines recommend "making every attempt to maintain the patient at maximal levels of activity..." In this case a request is made for a standard wheelchair for a 61-year-old female with chronic low back pain status post lumbar fusion surgery. However, medical records demonstrate the patient is able to ambulate with a "quad cane" or a walker. Medical necessity for a wheelchair is not established.