

<b>Case Number:</b>	CM14-0027329		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	07/15/1998
<b>Decision Date:</b>	11/24/2014	<b>UR Denial Date:</b>	02/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/04/2014

### 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 Pain 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:

This is a patient with a date of injury of 7/15/98. The medical records were reviewed. A utilization review determination dated 2/25/14 recommends non-certification of power wheelchair repairs and a power wheelchair rental. 2/7/14 medical report identifies hip pain. Walking is limited to a shuffle gait limited to three steps and holding onto surrounding furniture or a walker. Standing is limited to one minute. There is lumbar spine pain radiating down the lateral buttock, thigh, and calf to the plantar aspect of the foot. On exam, there is limited hip range of motion bilaterally, bilateral leg swelling with 1+ pitting edema with moderate stasis dermatitis changes right greater than left, and lumbar spine tenderness. The provider notes that the patient is not capable of caring for himself and he has significant limitations in standing and walking. He requires an electric wheelchair for ambulation around the home and community. He is not capable of driving his own vehicle.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Position Belt x 1: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (Web Edition)

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

**Decision rationale:** Regarding the request for Position Belt, the California MTUS states that power 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. 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. Within the documentation available for review, there is no clear indication of an absence of mobility with lesser assistive devices such as a cane or walker, insufficient upper extremity function to propel a manual wheelchair, or the absence of a caregiver able to provide assistance with a manual wheelchair. Furthermore, the patient is noted to have a power wheelchair, but the documentation does not identify a nonfunctional chair. In light of the above issues, the currently requested Position Belt is not medically necessary.

**200x50 Solid Tri-Spoke x 3: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (Web Edition)

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

**Decision rationale:** Regarding the request for 200x50 Solid Tri-Spoke x 3, California MTUS states that power 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. 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. Within the documentation available for review, there is no clear indication of an absence of mobility with lesser assistive devices such as a cane or walker, insufficient upper extremity function to propel a manual wheelchair, or the absence of a caregiver able to provide assistance with a manual wheelchair. Furthermore, the patient is noted to have a power wheelchair, but the documentation does not identify a nonfunctional chair. In light of the above issues, the currently requested 200x50 Solid Tri-Spoke x 3 is not medically necessary.

**Shim Washer Wheelfork x 3: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (Web Edition)

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

**Decision rationale:** Regarding the request for Shim Washer Wheelfork x 3, California MTUS states that power 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. 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. Within the documentation available for review, there is no clear indication of an absence of mobility with lesser assistive devices such as a cane or walker, insufficient upper extremity function to propel a manual wheelchair, or the absence of a caregiver able to provide assistance with a manual wheelchair. Furthermore, the patient is noted to have a power wheelchair, but the documentation does not identify a nonfunctional chair. In light of the above issues, the currently requested Shim Washer Wheelfork x 3 is not medically necessary.

**Master Module x 1:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (Web Edition)

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

**Decision rationale:** Regarding the request for Master Module x 1, the California MTUS states that power 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. 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. Within the documentation available for review, there is no clear indication of an absence of mobility with lesser assistive devices such as a cane or walker, insufficient upper extremity function to propel a manual wheelchair, or the absence of a caregiver able to provide assistance with a manual wheelchair. Furthermore, the patient is noted to have a power wheelchair, but the documentation does not identify a nonfunctional chair. In light of the above issues, the currently requested Master Module x 1 is not medically necessary.

**ICS Switchbox x 1:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (Web Edition)

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

**Decision rationale:** Regarding the request for ICS Switchbox x 1, the California MTUS states that power 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. 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. Within the documentation available for review, there is no clear indication of an absence of mobility with lesser assistive devices such as a cane or walker, insufficient upper extremity function to propel a manual wheelchair, or the absence of a caregiver able to provide assistance with a manual wheelchair. Furthermore, the patient is noted to have a power wheelchair, but the documentation does not identify a nonfunctional chair. In light of the above issues, the currently requested ICS Switchbox x 1 is not medically necessary.

**Labor x 16:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (Web Edition)

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

**Decision rationale:** Regarding the request for Labor x 16, the California MTUS states that power 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. 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. Within the documentation available for review, there is no clear indication of an absence of mobility with lesser assistive devices such as a cane or walker, insufficient upper extremity function to propel a manual wheelchair, or the absence of a caregiver able to provide assistance with a manual wheelchair. Furthermore, the patient is noted to have a power wheelchair, but the documentation does not identify a nonfunctional chair. In light of the above issues, the currently requested Labor x 16 is not medically necessary.

**Shipping x 1:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (Web Edition)

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

**Decision rationale:** Regarding the request for Shipping x 1, the California MTUS states that power 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. 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. Within the documentation available for review, there is no clear indication of an absence of mobility with lesser assistive devices such as a cane or walker, insufficient upper extremity function to propel a manual wheelchair, or the absence of a caregiver able to provide assistance with a manual wheelchair. Furthermore, the patient is noted to have a power wheelchair, but the documentation does not identify a nonfunctional chair. In light of the above issues, the currently requested Shipping x 1 is not medically necessary.

**Power Wheelchair Rental x 1: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (Web Edition)

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

**Decision rationale:** Regarding the request for Power Wheelchair Rental x 1, the California MTUS states that power 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. 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. Within the documentation available for review, there is no clear indication of an absence of mobility with lesser assistive devices such as a cane or walker, insufficient upper extremity function to propel a manual wheelchair, or the absence of a caregiver able to provide assistance with a manual wheelchair. Furthermore, the patient is noted to have a power wheelchair, but the documentation does not identify a nonfunctional chair. In light of the above issues, the currently requested Power Wheelchair Rental x 1 is not medically necessary.