

<b>Case Number:</b>	CM14-0034583		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	06/10/1998
<b>Decision Date:</b>	07/22/2014	<b>UR Denial Date:</b>	02/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/20/2014

### 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 Orthopedic Surgery 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 injured worker is 58-year-old female was reportedly injured on 1998. The mechanism of injury is not listed in these records reviewed. The most recent progress note dated February 17, 2014, indicates that there are ongoing complaints of widespread chronic pain. The injured employee and plates with the assistance of a knee brace, a front wheel walker. Current medications include Morphine, Tizanidine, Cymbalta, Buspirone, Colace, Lactulose, Wellbutrin, and Voltaren Gel. The physical examination demonstrated walking with a front wheel walker with an analgic gait and eversion of the right foot. There was diffuse lumbar spine tenderness and marked atrophy of the right thigh. There was decreased cervical spine range of motion and decreased upper extremity range of motion. There was lower extremity weakness throughout the right lower extremity and decreased sensation in the right L4, L5, and S1 dermatomes. Existing medications were refilled. A request was made for a 30 day trial of a power wheelchair and a ramp in front of the house and was not certified in the pre-authorization process on February 27, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ramp in front of house:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and leg, Power mobility devices, Updated June 5, 2014.

**Decision rationale:** According to the Official Disability Guidelines, the use of a power mobility device such as a scooter is not recommended if function mobility can be sufficiently resolved with the use of a cane or walker or if there is sufficient upper extremity function to propel a manual wheelchair. The attached medical records provided state that the injured employee is able to ambulate with the use of a knee brace and a front wheel walker. Additionally there has been a previous noncertification for the request for a powered wheelchair. Without the use of a powered wheelchair, a ramp for the house is not needed. This request for ramp in front of the house is not medically necessary.