MAXIMUS Federal Services

Case Number:	CM14-0038603		
Date Assigned:	06/27/2014	Date of Injury:	04/08/1998
Decision Date:	08/18/2014	UR Denial Date:	03/26/2014
Priority:	Standard	Application Received:	04/02/2014

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 and is licensed to practice in Nevada. 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 record presented for review indicate that this 53 year-old male was reportedly injured on 4/8/1998. The mechanism of injury was not listed in the records reviewed. The most recent progress note, dated 3/25/2014, indicated that there were ongoing complaints of right lower leg pain and swelling. The physical examination demonstrated right lower leg minimal swelling and no redness. No recent diagnostic studies were available for review. Previous treatment included medications and conservative treatment. A request had been made for electric wheelchair replacement and was not certified in the pre-authorization process on 3/26/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electric wheelchair replacement.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Power Mobilty Devices.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot (Acute & Chronic) updated 7/29/2014, Power mobility devices.

Decision rationale: A power mobility device is 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 for care. After reviewing the medical records provided, there was no documentation stating that the injured worker has insufficient upper extremity function to propel a manual chair. Therefore, this request is deemed not medically necessary.