

Case Number:	CM14-0043806		
Date Assigned:	07/02/2014	Date of Injury:	07/02/2010
Decision Date:	08/21/2014	UR Denial Date:	04/04/2014
Priority:	Standard	Application Received:	04/10/2014

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic knee pain reportedly associated with an industrial injury of July 2, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; transfer of care to and from various providers in various specialties; left and right total knee arthroplasties, both of which apparently transpired in 2013; and unspecified amounts of aquatic therapy. In a Utilization Review Report dated June 10, 2014, the claims administrator approved a request for eight sessions of aquatic therapy while denying a motorized light-weight wheelchair. The claims administrator stated that the attending provider had not documented difficulty weightbearing so as to justify usage of the wheelchair in question. The applicant's attorney subsequently appealed. Somewhat incongruously, an earlier Utilization Review Report of July 11, 2013 was notable for comments that the applicant remained dependent on a wheelchair and had significant ambulatory deficits, as suggested on the clinical progress note of June 24, 2013. In a progress note of April 3, 2014, the applicant was described as presenting with persistent complaints of low back, bilateral lower extremities, bilateral neck, and bilateral foot pain, ranging from 7-9/10. The applicant felt depressed and anxious. It was stated that the applicant had difficulty walking. The applicant reportedly attended the appointment in a wheelchair and stated that she had to lean on a cart and/or furniture at home to move about. The applicant was using Norco and Pennsaid for pain relief. The applicant was observed in a wheelchair in the clinic setting. Acupuncture was endorsed. A December 9, 2013 progress note is notable for comments that the applicant could not walk without a cane or other assistance as of that point in time. A March 25, 2014 progress note was notable for comments that the applicant had persistent complaints of neck pain, bilateral hand pain, and bilateral total knee replacement. The applicant also had lumbar radicular complaints which were not

acceptable as compensable by the claims administrator. The attending provider posited that the applicant required a wheelchair to mobilize. The applicant was described as disabled.

IMR ISSUES, DECISIONS AND RATIONALES

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

Motorized lightweight wheelchair: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Power Mobility Devices (PMDS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Power Mobility Devices topic Page(s): 99.

Decision rationale: As noted on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines, power mobility devices are not recommended if the functional mobility deficit in question can be sufficiently resolved by prescription of a cane, walker, and or manual wheelchair. In this case, the applicant has been described as using a manual wheelchair, it was suggested on a March 25, 2014 progress note. The attending provider has not clearly outlined or posited why the manual wheelchair alone will not suffice here. Therefore, the request for motorized lightweight wheelchair is not medically necessary.