

Case Number:	CM14-0047956		
Date Assigned:	07/02/2014	Date of Injury:	07/11/1998
Decision Date:	08/06/2014	UR Denial Date:	03/26/2014
Priority:	Standard	Application Received:	04/16/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 58-year-old female with a 7/11/98 date of injury. At the time (3/26/14) of the Decision for light weight wheelchair to be used for community outings for the lower back injury as an outpatient, there is documentation of subjective (low back pain radiating to the lower extremities) and objective (tenderness to palpation over the lumbar musculature, positive straight leg raise, and decreased sensation in the posterolateral thigh and lateral calf on the right) findings, current diagnoses (lumbar post-laminectomy syndrome), and treatment to date (medications and currently utilizing a wheelchair). There is no documentation that the patient cannot adequately self-propel (without being pushed) in a standard weight manual wheelchair, and the patient would be able to self-propel in the lightweight wheelchair.

IMR ISSUES, DECISIONS AND RATIONALES

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

Light weight wheelchair to be used for community outings for the lower back injury as an outpatient.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Power Mobility Devices referenced: addresses manual wheelchairs.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Wheelchair.

Decision rationale: MTUS does not address this issue. ODG identifies wheelchair is recommended if the patient requires and will use a wheelchair to move around in their residence, and it is prescribed by a physician; and that a lightweight wheelchair is recommended if the patient cannot adequately self-propel (without being pushed) in a standard weight manual wheelchair, and the patient would be able to self-propel in the lightweight wheelchair. Within the medical information available for review, there is documentation of diagnoses of lumbar post-laminectomy syndrome. In addition, there is documentation of patient currently utilizing a wheelchair. However, there is no documentation that the patient cannot adequately self-propel (without being pushed) in a standard weight manual wheelchair, and the patient would be able to self-propel in the lightweight wheelchair. In addition, there is no documentation of a clear rationale for the replacement of DME already in use, such as malfunction or breakdown. Therefore, based on guidelines and a review of the evidence, the request for light weight wheelchair to be used for community outings for the lower back injury as an outpatient is not medically necessary.