

Case Number:	CM14-0053638		
Date Assigned:	07/07/2014	Date of Injury:	09/15/2005
Decision Date:	11/10/2014	UR Denial Date:	04/08/2014
Priority:	Standard	Application Received:	04/22/2014

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 & Rehabilitation 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 53-year-old male with a 9/15/05 date of injury. At the time (4/16/14) of request for authorization for [REDACTED] Massage Chair and Power Wheelchair, there is documentation of subjective (back, shoulder, and knee pain) and objective (diminished sensation over right mid-lateral calf as well as right lateral ankle) findings, current diagnoses (cervical spine disc bulges, thoracic sprain/strain, right knee internal derangement, and right shoulder internal derangement), and treatment to date (physical therapy and medications). Medical report identifies to stop using walking stick immediately due to risk for health. Regarding [REDACTED] Massage Chair, there is no documentation that the requested durable medical equipment (DME) can withstand repeated use (could normally be rented, and used by successive patients); and is primarily and customarily used to serve a medical purpose, generally is not useful to a person in the absence of illness or injury. Regarding Power Wheelchair, there is no documentation that patient has insufficient upper extremity function to propel a manual wheelchair; and that there is no caregiver who is available, willing, or able to provide assistance with a manual wheelchair.

IMR ISSUES, DECISIONS AND RATIONALES

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

[REDACTED] **Massage Chair:** Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Power Mobility Devices

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee, Durable medical equipment (DME)
<http://www.cigna.com/healthcare-professionals/resources-for-health-care-professionals/clinical-payment-and-reimbursement-policies/medical-necessity-definitions>

Decision rationale: MTUS does not address this issue. ODG identifies documentation that the requested durable medical equipment (DME) can withstand repeated use (i.e. could normally be rented, and used by successive patients); and is primarily and customarily used to serve a medical purpose, generally is not useful to a person in the absence of illness or injury, as criteria necessary to support the medical necessity of durable medical equipment. Medical Treatment Guideline identifies documentation that the request represents medical treatment in order to be reviewed for medical necessity, as criteria necessary to support the medical necessity of [REDACTED] Massage Chair. Within the medical information available for review, there is documentation of diagnoses of cervical spine disc bulges, thoracic sprain/strain, right knee internal derangement, and right shoulder internal derangement. However, there is no documentation that the requested durable medical equipment (DME) can withstand repeated use (could normally be rented, and used by successive patients); and is primarily and customarily used to serve a medical purpose, generally is not useful to a person in the absence of illness or injury. Therefore, based on guidelines and a review of the evidence, the request for [REDACTED] Massage Chair is not medically necessary.

Power Wheelchair: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Power Mobility Devices

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Power Mobility Devices Page(s): 132.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of a functional mobility deficit that cannot be sufficiently resolved by the prescription of a cane or walker, the patient has insufficient upper extremity function to propel a manual wheelchair, and there is no caregiver who is available, willing, or able to provide assistance with a manual wheelchair, as criteria necessary to support the medical necessity of Motorized Wheelchair or Scooter. Within the medical information available for review, there is documentation of diagnoses of cervical spine disc bulges, thoracic sprain/strain, right knee internal derangement, and right shoulder internal derangement. In addition, given documentation to stop using walking stick immediately due to risk for health, there is documentation of a functional mobility deficit that cannot be sufficiently resolved by the prescription of a cane. However, despite documentation of subjective (shoulder pain) findings, there is no (clear) documentation that patient has insufficient upper extremity function to propel a manual

wheelchair. In addition, there is no documentation that there is no caregiver who is available, willing, or able to provide assistance with a manual wheelchair. Therefore, based on guidelines and a review of the evidence, the request for Power Wheelchair is not medically necessary.