

Case Number:	CM14-0056004		
Date Assigned:	07/09/2014	Date of Injury:	03/01/2013
Decision Date:	08/27/2014	UR Denial Date:	04/08/2014
Priority:	Standard	Application Received:	04/25/2014

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 neck pain, shoulder pain, wrist pain, and knee pain associated with an industrial injury of March 1, 2013. Thus far, the applicant has been treated with analgesic medications, an earlier left knee arthroscopy, a cane, unspecified amounts of physical therapy, and extensive periods of time off of work. In a work status report dated May 27, 2014, the applicant was described as not working. The applicant reported somewhat variable 2-5/10 pain. In a May 5, 2014 progress note, the applicant was described as having persistent complaints of multifocal pain, 4/10, about the neck, shoulder, elbow, and upper arm pain. It was stated that heavy lifting was problematic. The applicant stated that acupuncture, lumbar support, and interferential had not been altogether successful. The applicant was using tramadol, naproxen, and Lipitor. The applicant was using a cane to move about. The applicant did exhibit an antalgic gait. The applicant was described as overweight, although the applicant's actual height, weight, and BMI were not described. It was stated that the applicant had difficulty performing heel and toe walking. The applicant's work status was not provided. On April 29, 2014, the applicant underwent cervical epidural steroid injection therapy. In a Functional Capacity Evaluation of April 3, 2014, it was suggested that the applicant needed work restrictions so as to return to work as a shoe repairer. It was suggested that the applicant could not meet all of the demands of a sedentary occupation. Test results were not clearly stated. It was suggested that the applicant had poor walking tolerance, although this was not clearly expounded upon. The functional capacity evaluator did not clearly outline the basis for his/or conclusions. It appears that the motorized wheelchair was sought via a progress note of March 20, 2014. The applicant's gait was not clearly described. It was suggested that the applicant was having issues with knee locking and attendant difficulty walking.

IMR ISSUES, DECISIONS AND RATIONALES

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

Power Wheel Chair: Upheld

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

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

Decision rationale: As noted on page 99 of the MTUS Chronic Medical Treatment Guidelines, power mobility devices or power wheelchairs are not recommended if the functional mobility deficits can be sufficiently resolved through usage of a cane and/or walker, and/or the applicant has sufficient upper extremity function so as to propel a manual wheelchair. In this case, the applicant is described as using a cane to ambulate about. The requesting provider does not clearly outline why the cane alone is insufficient to ameliorate the applicant's gait deficits. Page 99 of the MTUS Chronic Medical Treatment Guidelines encourages exercise, mobilization, and independence, and reiterates that a motorized wheelchair device is not an essential care if an applicant has mobility with canes. In this case, the applicant, by all accounts, does appear to have sufficient mobility through usage of a cane. The power wheelchair in question is therefore not medically necessary.