

Case Number:	CM14-0081276		
Date Assigned:	07/18/2014	Date of Injury:	05/20/1980
Decision Date:	08/26/2014	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	06/02/2014

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 Internal Medicine, has a subspecialty in Rheumatology, and is licensed to practice in Maryland. 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 patient is a 55 year old male with date of injury 5/20/1980. The mechanism of injury is stated as a fall. The patient has complained of back and bilateral leg pain since the date of injury. He has been treated with physical therapy and medications. There are no radiographic data included for review. Objective: callus on ball of left foot. Diagnoses: lumbar spine disc disease, thoracic spine disc disease. Treatment plan and request is: electric power wheelchair.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electric 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/Treatment in Workers Compensation/Knee.

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

Decision rationale: This 55 year old male has complained of back and bilateral leg pain since date of injury 5/20/1980. He has been treated with physical therapy and medications. The current request is for an electric power wheelchair. Per the ODG guidelines cited above, a powered mobility device is not recommended if a functional mobility deficit can be sufficiently

resolved with the prescription of a cane or walker or if the patient has sufficient upper extremity function to propel a manual wheelchair. The available medical records do not provide a rationale as to why the patient requires an electric power versus a manual wheelchair or documentation why another assistive device such as a walker is insufficient. On the basis of this lack of documentation and per the ODG guideline cited above, an electric power wheelchair is not indicated as medically necessary.