MAXIMUS Federal Services

Case Number:	CM14-0091853		
Date Assigned:	09/12/2014	Date of Injury:	06/20/2012
Decision Date:	10/31/2014	UR Denial Date:	06/13/2014
Priority:	Standard	Application Received:	06/17/2014

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, 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:

The injured worker is a 33-year-old individual with an original industrial injury on June 20, 2012. The mechanism of injury occurred after a fall from the top of the tanker truck. The patient developed a spinal cord injury as a result of an L1 burst fracture. He subsequently underwent L1 laminectomy and subsequently underwent T11-L3 instrumented fusion with posterior lateral arthrodesis on June 22, 2012. The patient was transferred to an inpatient rehabilitation facility. The patient had an extended postoperative course of physical therapy and in total has attended 48 sessions of physical therapy. The patient had a lightweight wheelchair with standard sling seat and back upholstery in August 2012. The disputed issue is a request for an Ultralight wheelchair. A utilization review determination had noncertified this request. The stated rationale for the denial was that there was "no documentation advising that the patient is wheelchair-bound."

IMR ISSUES, DECISIONS AND RATIONALES

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

ultra lightweight wheelchair and accessories: heavy duty package, removable side guards, back cushion, lap belt, anti-tippers, wire spoke wheels, hand rims, heel loops, spoke protectors, back pack, skin protection seat cushion: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg: Wheelchair

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation X Official Disability Guidelines Knee and Leg Chapter, Wheelchair Topic

Decision rationale: The injured worker has documentation of a cauda equina type of spinal cord injury. As a result, there is lower extremity weakness that is severe. A recent progress note from August 2014 documents that the injured worker has flaccid ankle strength, which is graded two out of five. As such, this type of patient would require a wheelchair at least some of the time to assist with transportation over longer distances. Therefore, the reasoning by the utilization reviewer was incorrect in assuming that someone who is not wheelchair-bound does not require a wheelchair. The patient in fact has a current light will wheelchair, but there have been issues with the positioning of the axle. After adjustments, there are still significant issues with propulsion and the patient reports wrist pain (he has a remote history of fixation for wrist fracture). Therefore it is valid to have an ultra-lightweight wheelchair, and the documentation supports that the patient reports less wrist pain with this. Additionally, soft cushioning for seating and back support is desired as the patient reports a history of low back pain. Anti-tippers are a routine safety component of any manually propelled wheelchair. The patient has had the same basic rental wheelchair since 2012 as documented in a note dated 8/18/2014. This request is medically necessary.