

Case Number:	CM14-0126734		
Date Assigned:	08/13/2014	Date of Injury:	06/04/2011
Decision Date:	01/02/2015	UR Denial Date:	08/04/2014
Priority:	Standard	Application Received:	08/11/2014

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:

The patient is a 47 year old female with date of injury 06/04/2011. The treating physician report dated 02/07/2014 indicates that the patient presents with pain affecting back and left gluteal and left ankle. The physical examination findings reveal tenderness of the lumbar spine, a limp as she walks. The patient currently uses a walker. Prior treatment history includes 2 lumbar operations, surgery on her left foot, and medications. MRI findings reveal L 4-5 have thickening of ligamentum flavum and L5-S1 have degenerative disease of the facets. The current diagnoses are: Lumbar Pain, Symptomatic, Lumbar Spine Dysfunction and Spondylolisthesis, Symptomatic. The utilization review report dated 08/04/2014 denied the request for wheelchair rental for 3 months based on nonsufficient documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Wheelchair rental for 3 months: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guideline (ODG) Knee & Leg Ankle & Foot

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

Decision rationale: The patient presents with pain affecting back and left gluteal and left ankle. The current request is for Wheelchair rental for 3 months. The treating physician report dated 7/17/14 indicates that the patient is status post-surgery of the left foot. The treating physician was encouraging full weight bearing but the patient was having difficulty and required an additional 3 months of wheel chair usage post surgically. ODG guidelines state that they recommend a manual wheelchair if the patient requires and will use the wheelchair to move around their residence and if it is prescribed by a physician. The treating physician's request has met ODG guidelines and given the patient's difficulty with ambulation this request appears reasonable. Therefore, this request is medically necessary.