

<b>Case Number:</b>	CM14-0177222		
<b>Date Assigned:</b>	12/02/2014	<b>Date of Injury:</b>	03/02/2012
<b>Decision Date:</b>	01/27/2015	<b>UR Denial Date:</b>	10/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/24/2014

### 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 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 (IW) is a 40-year-old woman with a date of injury of March 2, 2012. The mechanism of injury occurred when she was pushing a medicine cart when she was hit from behind in the right knee, causing the right knee to hit the medicine cart. The IW is status post spinal cord stimulator trial in June of 2013 with >50% improvement. She is not currently receiving any physical therapy, acupuncture, or chiropractic treatments. She was not wearing a knee brace. The only clinical note in the medical record is an Agreed Medical Evaluation (AME) dated January 13, 2015. The AME is cut-off at page 21 pages. The AME does not appear to be complete. Diagnoses were not listed, and a treatment plan was not discussed. According to documentation, the IW attempted to use a non-motorized wheelchair, but was unable to use due to upper extremity pain. A psychiatric evaluation was recommended due to the injured worker's depression. The IW complains of right knee pain radiating to the right thigh and calf. Pain is present all of the time. A neurological examination was not provided. The current request is for DME purchase of an electric wheelchair.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DME purchase of an electric 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: Knee & Leg Chapter, Power Mobility Devices (PMDs)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG; Knee and Leg Section Power Mobility Devices

**Decision rationale:** Pursuant to the Official Disability Guidelines, DME purchase of an electric wheelchair is not medically necessary. Power mobility devices are not recommended if the functional mobility deficit can be sufficiently resolved by the prescription of a cane or walker, or the patient has sufficient upper extremity function to propel a manual wheelchair, or there is a caregiver who was available, willing and able to provide assistance with a manual wheelchair. Early exercise, mobilization and independence should be encouraged at all steps of the injury recovery process. In this case, the injured worker is 40 years old with a date of injury March 2, 2012. An agreed-upon medical examination was performed. There were no specific diagnoses listed in the medical record. The injured worker's complaints are gradual onset of pain in her right and left hands, a spinal cord stimulator was placed for right left upper extremity pain, and the injured worker was unable to use a nonmotorized wheelchair due to her upper extremity pain. There were multiple recommendations including a psychiatric evaluation, injections under anesthesia to the right knee, however, it was unclear whether these were performed. The injured worker ambulates with a cane. There was no documentation in the medical records from the primary treating physician. There are no significant neurologic abnormalities that limit the injured workers ability to ambulate with a cane. She has been managing with a cane and there is no documentation to suggest the need to progress to total dependence with power mobility device. Consequently, absent the appropriate clinical indications for a power mobility device, DME purchase of an electric wheelchair is not medically necessary.