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| Case Number: | CM14-0192418 | | |
| Date Assigned: | 11/26/2014 | Date of Injury: | 11/30/2005 |
| Decision Date: | 01/14/2015 | UR Denial Date: | 11/06/2014 |
| Priority: | Standard | Application Received: | 11/17/2014 |

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 Family 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:

This is a 41 year old male patient who sustained an injury on 11/30/2005. He sustained the injury when a heavy spool of thick wire weighing 700 pounds fell on his right lower leg knocking him to the ground causing a right open tibia and fibula fracture. The current diagnosis includes severe depression with suicidal ideation, headaches, cervical and lumbar spine pain, spinal arachnoiditis, severe left lower extremity reflex sympathetic dystrophy, status post open reduction and internal fixation (ORIF) right mid tibia-fibula, right foot osteopenia and occasional bowel and bladder incontinence. Per the doctor's note dated 8/27/14, he had complaints of increase low back pain with use of regular wheelchair. He had bowel and bladder incontinence, severe bilateral lower extremity spasm with increased pain especially when sitting for long periods. He had headache, depression and erectile dysfunction. The physical examination revealed T3 level spastic paraparesis, wheelchair bound uses wrap around walker for short distance to bathroom, uses diaper at night, severe left lower extremity paresthesia, hypoalgesia, allodynia and atrophy, positive sudomotor changes, thinning of skin and upper extremity weakness 5-/5 left greater than right. The medications list includes Gabapentin, Zanaflex, Ambien, Lidocaine Patches, Bupropion, Hydroxyzine, Sertraline and Vicodin. He has had EMG/NCS dated 10/19/11 which revealed abnormal left L4-5 acute changes; CT lumbar spine dated 10/30/2009 which revealed a post-operative status at L5-S1 and minimum narrowing of the L5-S1 and hypertrophic change at this area; right ankle and tibia-fibula CT scan dated 10/11/2013 which revealed prior ORIF of healed right mid tibial fracture with complete bone bridging and callus formation and minimal heterotopic ossification and spurring, healed mildly displaced fracture of mid fibula with complete bone bridging and callus formation and minimal heterotopic ossification and spurring and moderate to severe patchy osteopenia in the right ankle. He had undergone right leg open reduction and internal fixation, lumbar fusion at L5-S1 on

1/05/2007, re-exploration right L5-S1 with decompression and evacuation of hematoma on 1/23/2007. He has had lumbar sympathetic blocks, selective nerve root block and placement and removal of spinal cord stimulator. He has had physical therapy visits for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electric wheelchair: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Power mobility devices (PMDs) Page(s): 99.

Decision rationale: Per the California MTUS Chronic Pain Medical Treatment Guidelines, 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 is available, willing, and able to provide assistance with a manual wheelchair." Per the doctor's note dated 8/27/14, he had an increase of low back pain with the use of a regular wheelchair. He had bowel and bladder incontinence, severe bilateral lower extremity spasm with increased pain especially when sitting for long periods. The physical examination revealed T3 level spastic paraparesis, wheelchair bound uses wrap around walker for short distance to bathroom, uses diaper at night, severe left lower extremity paresthesia, hypoalgesia, allodynia and atrophy, positive sudomotor changes, thinning of skin and upper extremity weakness 5-/5 left greater than right. Therefore, this patient is already wheelchair bound and he had upper and lower extremity weakness and spastic paraparesis. He had difficulty using a regular wheelchair. The request for electric wheelchair is medically appropriate and necessary for this patient.