

<b>Case Number:</b>	CM14-0195143		
<b>Date Assigned:</b>	12/02/2014	<b>Date of Injury:</b>	08/21/2013
<b>Decision Date:</b>	01/20/2015	<b>UR Denial Date:</b>	10/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/21/2014

### 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 Interventional Spine 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 53 year old male with an injury date on 8/21/13. The patient complains of increased low lumbar pain (that has recently increased by 50%) rated 6/10 that increases to 9/10 frequently per 10/28/14 report. The patient does not report a change of location in the pain, but has muscle spasms in the right leg and increased burning in the feet, and has persistent weakness in bilateral lower extremities, left > right per 10/28/14 report. The patient had an exacerbation of back pain 2 days ago, and has a new pain located in the left ankle per 9/2/14 report. Based on the 8/26/14 progress report provided by the treating physician, the diagnoses are adjustment reaction with depression and anxiety secondary to chronic pain and disability, disc bulging, L-spine, lumbar facet arthropathy and s/p surgery, L-spine. A physical exam on 8/26/14 showed "tenderness to palpation in L-spine and notable weakness in the lower extremities." The 7/8/14 report showed L-spine range of motion is reduced, with extension at 5/25 degrees. The patient's treatment history includes medications, home exercise program, physical therapy, lumbar brace, psychotherapy, and wheelchair. The treating physician is requesting wheelchair repair. The utilization review determination being challenged is dated 10/28/14 and denies request as there is no documentation regarding status of wheelchair and need for repair. The requesting physician provided treatment reports from 5/7/14 to 10/28/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Wheelchair repair:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Power mobility devices PMDs Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter on Knee, Wheelchair:

**Decision rationale:** This patient presents with lower back pain, right leg/foot pain and is 10 months s/p thoracolumbar fusion/decompression. The requesting progress report further clarifies request as: "electric wheelchair evaluation." The patient is in a wheelchair with limited ambulation only, and has "profound spinal cord impairment" per 8/26/14 report. Regarding wheelchairs, ODG recommends if the patient requires and will use a wheelchair to move around in their residence, and it is prescribed by a physician. In this case, the patient has limited ambulation due to spinal cord impairment, and a wheelchair is indicated per physician's prescription. The guidelines are specifically for the purchase of a wheelchair. However, the requested evaluation to repair the electric wheelchair appears reasonable. The requested wheelchair repair is medically necessary.