

Case Number:	CM14-0199779		
Date Assigned:	12/08/2014	Date of Injury:	08/22/2003
Decision Date:	01/31/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	12/01/2014

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 Rehab, has a subspecialty in Pain 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 66 year old male sustained a work related injury on 8/22/2003. The mechanism of injury was not described. The current diagnoses are lumbar discogenic disease, chronic low back pain, lumbar spondylosis, and status post lumbar fusion (2012). According to the progress report dated 10/1/2014, the injured workers chief complaints were continued low back pain. The pain was rated 8/10 without medications and 3-4/10 with meds. Additionally, he reports his legs go numb and it is difficult for him to walk. He uses a walker and is only able to walk about 50 yards before having to stop. The physical examination of the lumbar spine revealed spasm, painful and limited range of motion, pain on the right at S1 distribution, and positive straight leg raise on the right to 50 degrees. Current medications are Norco, Neurontin, Colace, and Prilosec. According to the Utilization Review, the injured worker was previously treated with medications, chiropractic, acupuncture, and surgery. On this date, the treating physician prescribed a motorized wheelchair, which is now under review. The motorized wheelchair was prescribed specifically to help him get around. In addition to the motorized wheelchair, the treatment plan included continue walking on the treadmill, continue use of TENS unit, Lidoderm patches, Voltaren, Ketoprofen, and Capsaicin cream. When the motorized wheelchair was prescribed work status was temporarily totally disabled. On 11/19/2004, Utilization Review had non-certified a prescription for a motorized wheelchair. The motorized wheelchair was non-certified based on no documentation of insufficient upper extremity strength to propel a manual wheelchair or that he exhibits functional deficits that would prohibit use of a cane or walker. The California MTUS Chronic Pain Medical Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Motorized wheel chair: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Power Mobility Devices (PMDs).

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

Decision rationale: Regarding the request for a motorized wheel chair, MTUS Chronic Pain Medical Treatment Guidelines state that powered mobility devices are not recommended if the functional 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. Within the documentation available for review, the notes indicate that the patient is able to ambulate with a walker. As such, the current request for a motorized wheel chair is not medically necessary.