MAXIMUS Federal Services

Case Number:	CM14-0035416		
Date Assigned:	06/23/2014	Date of Injury:	06/26/2001
Decision Date:	05/01/2015	UR Denial Date:	03/04/2014
Priority:	Standard	Application Received:	03/21/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 is a 66 year old male with an industrial injury dated 04/17/2001. His diagnosis includes multi-level cervical discopathy; status post left shoulder arthroscopy, multi-level lumbar discopathy, and right hip Paget's disease and status left knee arthroscopy. Prior treatments include ear surgery, hip replacement, medications and physical therapy. He presents on 01/15/2014 with complaints of aching pain in low back rated as 7/10. He also complains of pain in right hip, right shoulder, hands and left ankle. Physical exam revealed significant tenderness of the lumbar spine with a 50% reduction in range of motion. Right hip was still tender. The provider noted the injured worker had shoulder surgery and has Dupuytren's contractures and is barely able to walk. The provider requests authorization for power chair with rails.

IMR ISSUES, DECISIONS AND RATIONALES

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

Power Chair with rails: Upheld

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

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

Decision rationale: Pursuant to the Official Disability Guidelines, power chair with rails is not medically necessary. Power mobility devices (PMD) 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. Early exercise, mobilization and independence should be encouraged at all steps of the injury recovery process and if there is any mobility with canes or other assistive devices, a motorized scooter is not essential to care. In this case, the injured worker's working diagnoses are multilevel cervical discopathy; status post left shoulder arthroscopy; multilevel lumbar discopathy; right hip Paget's disease with sprain/strain; tear left biceps; status post left knee arthroscopy with arthroscopic partial medial meniscectomy and chondroplasty; left foot metatarsalgia; status post reconstructive surgery; status post left amputated toe. Objectively, in a January 15, 2014 progress note, the injured worker has Dupuytrens contractures in both hands. Lumbar spine has a 50% reduction in motion with significant tenderness. The patient's right total hip is tender on the lateral distal tip of the prosthesis adjacent to the femur. There is no documentation in medical record indicating the status of the injured worker's motor examination or neurologic evaluation. The injured worker's gait is antalgic and the injured worker walks with the use of a cane. Documentation pursuant to an agreed-upon medical evaluation (AME) dated July 22, 2013 states in the Activities of Daily Living section the injured worker is unable to stand for more than 10 minutes before needing to sit down due to increased low back pain and right leg pain. He is unable to walk for more than 47 minutes with the use of a cane or walker before needing to stop and rest due to increase low back and right leg pain and unsteadiness depending upon previous level of exertion. He is unable to sit for more than 15 minutes in a regular chair. There was a peer-to-peer conference call between the utilization review physician and the treating provider. The patient was noted to have a "history of Paget's disease, previous right total hip replacement surgery and the Paget's disease complicated the hip in which right hip components have now gone into a varus deformity and the patient needs to have a right total hip revision surgery by a hip revision specialist. He also reported that in the meantime, until surgery is done, the patient should have a power chair with rails for easier mobility and that this equipment should be used until surgery is created". There is no timeframe documented in the medical record for the use of the power chair with rails. There is no documentation in the medical record the injured worker is wheelchair-bound. There is no documentation whether this unit is for rental or for purchase. The injured worker ambulates with the use of a cane. Early exercise, mobilization and independence should be encouraged at all steps of the injury recovery process and if there is any mobility with canes or other assistive devices, a motorized scooter is not essential to care. The power chair with rails may be analogized to the power mobility device in that the injured worker is ambulatory, albeit with difficulty, but uses a cane for ambulation. Consequently, absent clinical documentation indicating an anticipated time frame for use of the power chair with rails, whether for rental versus purchase, in an injured worker that uses a cane for ambulation, power chair with rails is not medically necessary.