

Case Number:	CM15-0100804		
Date Assigned:	06/03/2015	Date of Injury:	11/17/2009
Decision Date:	07/09/2015	UR Denial Date:	05/13/2015
Priority:	Standard	Application Received:	05/26/2015

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
 Certification(s)/Specialty: Family Practice

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 42 year old male, who sustained an industrial injury on 11/17/2009. The mechanism of injury is unknown. The injured worker was diagnosed as having thoracic myelopathy, bilateral lower extremities paraplegia, neurogenic bladder, depression, thoracic wall abscess and right foot abscess. There is no record of a recent diagnostic study. Treatment to date has included thoracic decompressions and fusion, physical therapy and medication management. In a progress note dated 4/14/2015, the injured worker complains of bilateral lower extremities tingling and urinary tract infection with urgency. The treating physician is requesting an electric wheelchair and a replacement orthopedic bed.

IMR ISSUES, DECISIONS AND RATIONALES

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

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 (ODG).

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

Decision rationale: The Official Disability Guidelines comment on the use of power mobility devices including an electric wheelchair. 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. 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, it is clear that the patient has a paraplegia involving both legs. However, there is no documentation provided in the medical records to indicate that the patient does not have sufficient upper extremity function to propel a manual wheelchair or does not have a caregiver who is available, willing and able to provide assistance with a manual wheelchair. The patient has apparently been using a manual wheelchair; however, it is unclear from the medical records what changed regarding his ability to successfully use this device. With inadequate information provided on why the patient is no longer able to use a manual wheelchair or information on an assessment of this patient's upper extremity strength, the use of an electric wheelchair is not considered as medically necessary.

Replacement Orthopedic Mattress and Bed: 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Low Back Section: Mattress Selection.

Decision rationale: The MTUS guidelines are silent on the requirements for mattress selection. However, the Official Disability Guidelines do comment on this matter. The Official Disability Guidelines state the following: Not recommended to use firmness as sole criteria. In a recent RCT, a waterbed (Aqva) and a body-contour foam mattress (Tempur) generally influenced back symptoms, function, and sleep more positively than a hard mattress, but the differences were small. The dominant problem in this study was the large amount of dropouts. The predominant reason for dropping out before the trial involved the waterbed, and there was some prejudice towards this type of mattress. The hard mattress had the largest amount of test persons who stopped during the trial due to worsening LBP, as users were more likely to turn around in the bed during the night because of pressures on protruding body parts. Another clinical trial concluded that patients with medium-firm mattresses had better outcomes than patients with firm mattresses for pain in bed, pain on rising, and disability; a mattress of medium firmness improves pain and disability among patients with chronic non-specific low-back pain. There are no high quality studies to support purchase of any type of specialized mattress or bedding as a treatment for low back pain. Mattress selection is subjective and depends on personal preference and individual factors. On the other hand, pressure ulcers (e.g., from spinal cord injury) may be

treated by special support surfaces (including beds, mattresses and cushions) designed to redistribute pressure. In this case, the request is stated with the goal of a firmer mattress; not the need to address pressure ulcers. For this reason, a replacement orthopedic mattress and bed is not considered as medically necessary.