

Case Number:	CM15-0104099		
Date Assigned:	06/08/2015	Date of Injury:	01/02/2006
Decision Date:	07/08/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	05/29/2015

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: North Carolina

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 56 year old male, who sustained an industrial injury on 1/2/2006. Diagnoses have included lumbosacral radiculopathy, cervical radiculopathy, knee sprain/strain and shoulder tendonitis/bursitis. Treatment to date has included chiropractic treatment, epidural steroid injection, lumbar fusion and medication. According to the progress report dated 4/22/2015, the injured worker complained of pain in his neck and lumbar spine. He reported difficulty driving, sitting and standing. He appeared uncomfortable. He was wearing a back support and using a one point cane for balance. Gait was antalgic. Exam of the lumbar spine revealed spasm and tenderness. The injured worker was given a Lidocaine injection to his left lower back. He was noted to have great difficulty ambulating. Authorization was requested for an automotive wheelchair.

IMR ISSUES, DECISIONS AND RATIONALES

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

Automotive wheelchair: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The California MTUS section on motorized mobility devices states: Power mobility devices (PMDs) 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. Criteria as outlined above have not been met in the provided clinical documentation. Therefore the request is not medically necessary.