

Case Number:	CM15-0018756		
Date Assigned:	02/06/2015	Date of Injury:	10/23/1996
Decision Date:	04/01/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	02/02/2015

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: Physical Medicine & Rehabilitation

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 injured worker is a 63 year old female who sustained an industrial injury on 10/23/96. Currently she is experiencing pain in the right shoulder causing difficulty in performing activities of daily living. In addition she is having neck, and back pain continues. Medications are Duragesic ER Patch; Norco; Cyclobenzaprine. Diagnoses include fibromyalgia; herniated nucleus propulsus cervical spine; pain in the shoulder; disorders of bursae and tendons in the shoulder region, unspecified; pain in lumbar region; subacromial bursitis; lumbar spondylosis with myelopathy; impingement syndrome of the shoulder; lumbar disc disease with myelopathy. Diagnostics include ultrasound of the right shoulder; MRI lumbar spine 6/11/14) demonstrating mild multilevel disc degeneration; abnormal MRI cervical spine (5/24/12); abnormal electromyography (6/19/11). Progress note dated 12/11/14 indicates that the injured workers current electric wheelchair has stopped working, it cannot be fixed and the injured worker needs a new one. It notes that the injured worker has decreased sensation in bilateral hands and feet. She has increased falling and cannot get out of wheelchair because of weakness of lower extremities. On 12/30/14 Utilization Review non-certified the request for purchase of an electric wheelchair, Jet 2 HD citing MTUS: Power Mobility Devices.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase an electric wheelchair Jet 2HD: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Power Mobility Devices (PMDs) Page(s): 99.

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

Decision rationale: This patient present with chronic low back, neck and right shoulder pain. The current request is for purchase an electric wheelchair jet 2HB. Power Mobility Devices under MTUS pg 99 states, "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." According to progress report dated 12/11/14, the patient reports "increasing falls without any warning." She has difficulty standing up sometimes and feels that her legs are giving out. The patient would like a new motorized wheelchair. There is no documentation of upper extremity issues where a manual wheelchair cannot be considered. The patient complains of right shoulder pain, but upon examination there was only pain on palpation with no discussion regarding weakness or motor strength. MTUS allows for power mobility devices when manual wheelchair is not feasible due to upper extremity weakness. In this case, there is also no indication that the patient does not have sufficient upper extremity function to propel a manual wheelchair or that there is not a willing care giver available for assistance. The requested motorized scooter IS NOT medically necessary.