MAXIMUS Federal Services

Case Number:	CM15-0147074		
Date Assigned:	08/10/2015	Date of Injury:	09/29/1994
Decision Date:	09/08/2015	UR Denial Date:	07/28/2015
Priority:	Standard	Application Received:	07/28/2015

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, South Carolina
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, 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 66-year-old female who sustained an industrial injury on September 29, 1994. A recent primary treating office visit dated July 01, 2015, reported subjective complaint of right shoulder and left hand pain. Of note, there are two claims and this one pertains to right shoulder and left thumb. The worker is noted being wheelchair bound and with great difficulty utilizing a manual wheelchair secondary to the shoulder and hand or thumb issues. She states managing the symptom with Motrin and Norco with note of discontinuing using Gabapentin due to rash. Objective assessment found the worker with limited range of motion of the right shoulder. She is able to abduct to almost 90 degrees; flexion to about 85 or 90 degrees; pain with flexion and Finkelstein's on the left side. The following diagnoses were applied: left thumb pain with a left trigger thumb release on July 09, 2012; electric nerve conduction study of October 2014 noted moderate to severe left carpal tunnel syndrome; chronic right shoulder pain status post arthroscopy October 31, 2012. The plan of care noted recommendation to purchase a motorized wheelchair easing mobility for the worker. She is working full time duty. On July 28, 2015, Utilization Review non-certified the request for a motorized wheelchair.

IMR ISSUES, DECISIONS AND RATIONALES

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

Motorized Wheelchair: Upheld

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

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

Decision rationale: Per the CA MTUS guideline cited, power mobility devices (PMDs) are not recommended if the functional mobility deficit can be sufficiently resolved by sufficient upper extremity function to propel a manual wheelchair, or there is a caregiver who is available, willing, and able to provide assistance to the injured worker with a manual wheelchair. In addition, if there is any mobility with other assistive devices (e.g. manual wheelchair), a motorized scooter is not essential to care. Although it is clear from the limited treating provider notes that this injured worker has multiple injuries that may limit her mobility while using a manual wheelchair, available documentation is insufficient in describing the upper extremity function deficits and how they relate to her functional mobility with a manual wheelchair. Therefore, the request for a motorized wheelchair is not medically necessary and appropriate at this time.