MAXIMUS Federal Services

Case Number:	CM15-0147576		
Date Assigned:	08/10/2015	Date of Injury:	04/20/2012
Decision Date:	09/10/2015	UR Denial Date:	07/15/2015
Priority:	Standard	Application Received:	07/29/2015

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: Texas, New York, California
Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 41-year-old who has filed a claim for chronic low back, knee, hip, and shoulder pain with derivative complaints of depression and anxiety reportedly associated with an industrial injury of April 20, 2012. In a Utilization Review report dated July 15, 2015, the claims administrator failed to approve a request for a wheelchair. The claims administrator referenced a July 6, 2015, RFA form and an associated progress note of June 25, 2015 in its determination. On said July 6, 2015 RFA form, wheelchair was sought. In an associated progress noted dated June 25, 2015, the applicant reported ongoing issues with low back, knee, hip, leg, and shoulder pain. The applicant was placed off of work, on total temporary disability. 9/10 pain complaints were noted. The applicant was on morphine and Percocet for pain relief. The applicant stood 6 feet tall and weighed 263 pounds, it was reported. 5/5 motor function was noted. The claimant's gait was not clearly described or characterized. The applicant had received non-operative treatment for low back pain. The applicant was described as having advanced unicompartmental right knee arthritis. The applicant was asked to try and lose weight and perform home exercise. The progress note in question made no mention of the need for a wheelchair.

IMR ISSUES, DECISIONS AND RATIONALES

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

Wheelchair for home use: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints Page(s): 301; 339,Chronic Pain Treatment Guidelines Power mobility devices (PMDs) Page(s): 99.

Decision rationale: No, the request for a wheelchair for home use was not medically necessary, medically appropriate, or indicated here. While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines acknowledges that canes, walkers, and/or manual wheelchairs can be employed to ameliorate functional mobility deficits, here, however, the June 25, 2015 progress note at issue did not clearly describe or characterize the applicant's gait. The applicant's ambulatory status was not detailed or described. It was not stated why the applicant was in need of a wheelchair. The applicant possessed well-preserved, 5/5 lower extremity motor function, it was reported on June 25, 2015. The attending provider also suggested that the applicant needed to try and lose weight to ameliorate ongoing issues of low back and knee pain. The MTUS Guideline in ACOEM Chapter 12, page 301 notes that every attempt should be made to maintain applicants at maximal levels of activity, including work activities. The MTUS Guideline in ACOEM Chapter 13, page 339 also notes that the principle of maximizing activities while recovering from a physical problem applies to knee problems as well as problems involving other parts of body. Here, thus, provision of a wheelchair would run counter to the principles articulated on pages 301 and 339 of MTUS Chronic Pain Medical Treatment Guidelines to the effect than an applicant should attempt to maximize (rather than minimize) overall activities and day-to-day activity levels. Provision of a wheelchair would have served to minimize rather than maximize the applicant's overall level of activity and was not indicated, particularly in light of the fact that the applicant's gait had not been clearly described or characterized on the June 25, 2015 office visit in question. The presence of a bona fide functional mobility deficit compelling provision of a wheelchair was not established. Therefore, the request was not medically necessary.