

Case Number:	CM15-0148511		
Date Assigned:	08/11/2015	Date of Injury:	03/09/2009
Decision Date:	09/09/2015	UR Denial Date:	07/15/2015
Priority:	Standard	Application Received:	07/30/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 injured worker (IW) is a 35-year-old male who sustained an industrial injury on 03-09-2009 due to a car accident. Diagnoses include T10 paraplegia, neurogenic bladder and frequent urinary tract infections. Treatment to date has included medications, home health care, multiple surgeries, physical therapy, wheelchair, IVC filter placement, adjustable bed and Botox injections for neurogenic bladder. According to the progress notes dated 6-3-2015, the IW reported he is able to catheterize himself, but only in a seated position; each time he needs to cath, he must transfer into the seated position to empty his bladder. He could perform a simple - level transfer using a Beasy board, but complex transfers such as a shower transfer required a Hoyer lift. On examination, his colostomy bag was intact. There was functional range of motion of all joints. His neurologic exam was consistent with T10 ASIA Class A paraplegia. He was 6'6" tall and weighed 260 pounds. There was no spasticity in the lower extremities and no ankle clonus. The deep tendon reflexes were not hyperreflexic. He was able to perform a depression weight shift. His skin was completely healed from a right ischial decubitus ulcer incision and drainage and fasciocutaneous right posterior thigh flap graft repair that was done in December 2014. A request was made for a lightweight manual wheelchair, as his current wheelchair is inadequate: his right posterior thigh was rubbing on the wheels and his foot rests were uneven.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lightweight manual 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-TWC), Integrated Treatment/Disability Duration Guidelines, Knee & Leg (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and leg section, Wheelchair.

Decision rationale: Pursuant to the Official Disability Guidelines, lightweight manual wheelchair is not medically necessary. The guidelines recommend a manual wheelchair if the patient requires and will use a wheelchair to move around the residence and it is prescribed by a physician. A lightweight wheelchair is recommended if the patient cannot adequately self-propel (without being pushed) in a standard weight manual wheelchair and the patient would be able to self propel in the lightweight wheelchair. In this case, the injured worker's working diagnoses are T10 paraplegia; neurogenic bladder; and frequent urinary tract infections. The date of injury is March 9, 2009. Request for authorization is July 8, 2015. According to a June 3, 2015 progress note, the injured worker is a 34-year-old paraplegic, status post fusion 2009. The injured worker developed pseudo-arthritis. The most recent surgery was dated February 26, 2014 with a posterior spinal fusion at T 12 - S1. According to the UR, the treating provider requested an electric wheelchair in addition to the lightweight manual wheelchair. The electric wheelchair was authorized. There is no clinical indication for a lightweight manual wheelchair if the electric wheelchair was certified. Additionally, the injured worker has a wheelchair at home. Reportedly, the footrests are uneven and his posterior thighs rub on the wheels. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines and certification of an electric wheelchair, lightweight manual wheelchair is not medically necessary.