

Case Number:	CM15-0161381		
Date Assigned:	08/28/2015	Date of Injury:	02/11/1998
Decision Date:	10/13/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	08/18/2015

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 70-year-old female, who sustained an industrial injury on 2-11-98. The injured worker was diagnosed as having low back pain; carpal tunnel syndrome; shoulder pain; knee pain; fibromyalgia syndrome. Treatment to date has included status post lumbar spine surgery (12-22-98) resulting in residual pain and foot drop; status post right shoulder surgery (7-7-99); status post Lumbar decompression and interbody fusion L2-S1 (9-18-09); status post bilateral carpal tunnel release-pronator releases left (3-29-00)-right (5-10-00); status post left total knee replacement (12-2004); status post spinal cord stimulator implanted (2-8-12); physical therapy; medications. Currently, the PR-2 notes dated 4-24-15 is an "Agreed Medical Re-Evaluation in Rheumatology". It is a 53-page report for the injured worker. Indicated the injured worker complains of constant and very intense pain in her low back radiating to the hip, right leg and thigh. She reports her pain as 25 out of 10 on a pain scale with this noted as clearly her worst area of pain. She also reports constant pain in her shoulders, more on the right than one the left noting there is a lump under the left clavicle. The provider documents her fibromyalgia is diffuse global pain using different description noting the pain at times is deep, at times sharp and at times achy. She reports elbow pain can hurt when she gets global pain, but on this visit, her elbows are not bothering her. She reports her knee pain and feet feel worse when exposed to cold. She reports the total left knee replacement has helped her. The provider documents she is in need of a right total knee replacement. Following her lumbar surgery in 2009, the injured worker developed right-sided drop foot and left with residual low back pain resulting in a power wheelchair at home. She uses a walker for short distances. She reports she had to pay for a

wheelchair ramp to go up to her front porch at home herself. A prescription dated 6-4-15 was submitted for a wheelchair and rolling stool with arm. A Request for Authorization is dated 8-17-15. A Utilization Review letter is dated 8-13-15 and non-certification was for Wheelchair, 18 or 20 inch and rolling stool with arm. Utilization Review regarding the Wheelchair, 18 or 20 inch, states, "the claimant is using a wheelchair and there is no clear discussion as to why the provider is requesting another wheelchair." Per Utilization Review regarding the Rolling stool with arm states "In this case, there is no rationale provided to justify the medical necessity of a rolling stool with arm. Moreover, a plan of care to support this request is not provided. Thus, medical necessity for the proposed intervention is not established. Non-certification is recommended." The provider is requesting authorization of Wheelchair, 18 or 20 inch and rolling stool with arm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Wheelchair, 18 or 20 inch: 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 & Leg.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) wheelchair.

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. The ODG states that wheelchairs are indicated in patients with disabilities that limit ambulation or the use of ambulatory aids that require upper body strength/coordination. The patient has a history of wheel chair use. There is no documentation of failure of the current device and therefore the request is not medically necessary.

Rolling stool with arm: 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 & Leg.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) durable medical equipment.

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested item. Per the Official Disability Guidelines section on durable medical equipment, DME is primarily and customarily used to serve a medical purpose and generally not useful to a person in the absence of illness or injury. DME equipment is defined as equipment that can withstand repeated use i.e can be rented and used by successive patients, primarily serves a medical function and is appropriate for use in a patient's home. The requested DME does not serve a purpose that cannot be accomplished without it. The prescribed equipment does not meet the standards of DME per the ODG. Therefore, the request is not medically necessary.