

<b>Case Number:</b>	CM15-0166594		
<b>Date Assigned:</b>	09/04/2015	<b>Date of Injury:</b>	09/08/2010
<b>Decision Date:</b>	10/09/2015	<b>UR Denial Date:</b>	07/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2015

### 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 45 year old female who sustained an industrial injury on September 8, 2010. The injured worker was diagnosed with lumbar disc protrusion, lumbar radiculopathy, right ankle sprain, and depression. The injured worker is status post right L5-S1 laminotomy, discectomy, foraminotomy, and decompression on December 22, 2014. Treatment to date has included diagnostic testing, surgery, physical therapy, home exercises, ambulatory device and medications. According to the primary treating physician's progress report on July 21, 2015, the injured worker continues to experience low back pain radiating to the bilateral lower extremities, worse on the right side and intermittently radiating to the feet. The injured worker reported pain can be as high as 9 out of 10 on the pain scale. The injured worker currently ambulates with a cane for stability. Examination demonstrated a normal gait pattern with full weight bearing and heel and toe walk causing pain. There was tenderness on deep palpation at L4-L5 and bilaterally at the posterior, superior iliac spine. Forward flexion was documented as 10% of normal. Extension was 25 degrees, bilateral lateral flexion was 20 degrees each, and lateral rotation was 45 degrees each. Straight leg raise was positive at 60 degrees on the right and 45 degrees on the left. Sensation was intact to light touch and pinprick in all dermatomes in the bilateral lower extremities. Deep tendon reflexes were 1+ bilaterally of the lower extremities. The right ankle examination noted tenderness on the lateral side of the right ankle. There was no edema present. Range of motion was full and painless. A urine drug screening was performed at the office visit. Current medications were listed as Norco 7.5 mg - 325 mg, gabapentin, Ambien, and omeprazole. Treatment plan consists of psychological consultation, shower chair, replacement tip for the single point cane, regular exercise, healthy diet regime, and the current request for a wheelchair. On July 31, 2015, Utilization Review non-certified the request for a wheelchair.

## **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Request for a wheel chair:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic), Wheelchair.

**Decision rationale:** The CA MTUS is silent concerning wheelchairs; however, the cited ODG recommends manual wheelchairs for injured workers that require and will use a wheelchair, to move within their residence, and it is prescribed by a physician. In this case, the injured worker has a long-term history of lumbar radicular pain radiating down both lower extremities, with intermittent involvement to the feet. She has used a cane for ambulation to the point of wearing out the rubber tip. However, according to the most recent notes from July 21 and August 18, 2015, she has maintained ambulation, and on exam has had a normal gait pattern and normal bilateral lower extremities sensory examination. Nowhere within the treating provider's documentation is there sufficient clinical information defining the injured worker's wheelchair requirement. Therefore, the request for a wheelchair is not medically necessary and appropriate at this time.