MAXIMUS Federal Services

Case Number:	CM15-0185881		
Date Assigned:	09/28/2015	Date of Injury:	05/05/2010
Decision Date:	11/09/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	09/21/2015

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
Certification(s)/Specialty: Emergency 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 is a 32-year-old male who sustained an industrial injury 05-05-10. A review of the medical records reveals the injured worker is undergoing treatment for T12 burst fracture with vertebral height los and retropulsion into spinal canal, resulting in narrowing of the canal; status post head trauma and loss of consciousness, status post T12 to L2 posterior fusion, history of gastropleureal fistula, necrotic proximal stomach and ruptured diaphragm requiring total gastrectomy repair of defect of diaphragm, clean out of thoracic empyema and left chest, and Roux-en-Y esophageal jejunostomy and placement of J-tube; L3 paraplegia, neurogenic bladder and bowel, impaired erection and ejaculation, neuropathic and musculoskeletal pain, adjustment disorder with depressed mood, anxiety, and anger; cognitive impairment related to head injury, incisional hernia status post-surgical repair, land history of fall with sacral and pelvic pain. Medical records (08-11-15) reveal the injured worker has issue with being underweight, pain, nutritional intake, and performance of a bowel program several ties per day and intermittent bladder catheterization 5-6 times per day. The physical exam (018-11-15) reveals the injured worker has a cachectic appearance and severe atrophy in the lower extremities. His beard, mustache, and hair are unkempt. Prior treatment includes medications, surgeries as above, and caregiver services. The original utilization review (08-27-15) non-certified the request for a new manual wheelchair, with natural posited paint, anodized package, titanium quick axles, and carbon core wheels. The notes (06-30-15) reveal that the wheelchair is more than 5 years old and "has multiple disrepair that has been repaired multiple times." A progress note dated 7/20/15 states that the wheelchair is not safe and is in disrepair. No other information was provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

New manual wheelchair with natural polished paint, anodized package, titanium quick axles and carbon core wheels: 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), Treatment in Workers' Compensation, Knee Chapter.

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: Wheelchair.

Decision rationale: MTUS Chronic pain and ACOEM Guidelines do not have any sections that relate to this topic. As per Official Disability Guidelines, wheelchair is medically necessary if the patient requires and will use a wheelchair to move around in their residence, and it is prescribed by a physician. Patient does require a wheelchair but this request, has requested specific options that are consistent with "lightweight" wheelchair. As per ODG, "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. (CMS, 2007)" Patient has been able to use his current standard wheelchair without issue. The request for a lightweight wheelchair with various options appears to be an issue of convenience and self preference which are not medical issues. While patient requires a new wheelchair, this request has added multiple options that are not medically necessary and therefore, as per MTUS guidelines, this request in entirety is considered not medically necessary.