

Case Number:	CM15-0188478		
Date Assigned:	09/30/2015	Date of Injury:	01/04/2014
Decision Date:	11/10/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	09/24/2015

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: 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:

This is a 43-year-old male with a date of industrial injury 1-4-2014. The medical records indicated the injured worker (IW) was treated for T5 ASIA-A spinal cord injury with T7-T8 fracture dislocation, status post T5-T11 posterior fusion; history of right mid-shaft clavicle fracture, status post open reduction internal fixation (1-9-14); neurogenic bowel and bladder; carpal tunnel syndrome, mild, bilateral; right shoulder impingement, now resolved or improved; likely rotator cuff tears bilaterally, right worse than left; chronic neuropathic pain; and chronic back pain, likely multifactorial. The 7-15-15 progress notes stated his shoulder pain was improved, but the provider had concerns that use of a manual wheelchair for any kind of distance would result in recurrent shoulder problems and pain. In the progress notes (8-25-15), the IW reported persistent back pain, but improved overall strength and conditioning. He complained of achy pain and burning sensation around the mid back and paraspinal region, which was worse at night. On physical exam (8-25-15 notes), the IW had some tenderness to palpation along the mid thoracic paraspinals down to the mid lumbar paraspinals, equal on both sides, with increased muscle tension. Treatments included physical therapy, occupational therapy, speech therapy and neuropsychology. The treatment plan included provision of a lightweight power-assist wheelchair with standing frame function that would enable the IW to resume some outside work and preserve shoulder function, due to chronic shoulder pain. A Request for Authorization dated 9-9-15 was received for LifeStand Helium Standing manual wheelchair and ZRX-1 power add-on system, joystick operated. The Utilization Review on 9-15-15 non-certified the request for LifeStand Helium Standing manual wheelchair and ZRX-1 power add-on system, joystick operated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lifestand Helium Standing Manual Wheelchair and ZRX-1 Power Add-on System, Joystick operated: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Power mobility devices (PMDs).

Decision rationale: Per the MTUS Guidelines, the use of power mobility devices (PMDs) are not recommended if the functional mobility deficit can be sufficiently resolved by the prescription of a cane or walker, or the patient has sufficient upper extremity function to propel a manual wheelchair, or there is a caregiver who is available, willing, and able to provide assistance with a manual wheelchair. Early exercise, mobilization and independence should be encouraged at all steps of the injury recovery process, and if there is any mobility with canes or other assistive devices, a motorized scooter is not essential to care. In this case, per the available documentation, the injured worker has no function or sensation below the level of T5. He currently propels himself in a manual wheelchair. The treating physician is concerned that the injured worker will have recurrent shoulder issues do to propelling himself manually. He has been diagnosed with resolved impingement syndrome and probable rotator cuff tears bilaterally. There are no imaging studies available to confirm this concern, the injured worker is still capable of propelling himself in a manual wheelchair, therefore, the request for lifestand helium standing manual wheelchair, and ZRX-1 power add-on system, joystick operated is determined to not be medically necessary.