

Case Number:	CM15-0192998		
Date Assigned:	10/07/2015	Date of Injury:	02/07/2000
Decision Date:	11/16/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	10/01/2015

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 56 year old female, who sustained an industrial injury on February 7, 2000, incurring low back, and hip and knee injuries. She was diagnosed with lumbar spine disc degeneration disease, lumbar radiculitis and right hip and knee osteoarthritis. Treatment included aquatic therapy, physical therapy, pain medications, anti-inflammatory drugs, antidepressants, proton pump inhibitor, muscle relaxants topical analgesic patches and knee and hip injections. The injured worker failed to obtain relief from therapies and pain management and underwent a nerve stimulator implantation. Currently, the injured worker complained of persistent right knee and right hip pain. She noted limited range of motion with flexion and extension of the right hip. She had worsening low back, right buttock and thigh pain radiating into the groin and increased knee pain with prolonged standing. She noted instability with her balance when standing and trying to get in and out of bed. Treatment included epidural steroid injection on April 16, 2014 and a sacroiliac joint injection on July 24, 2014. She required a 4 point cane for mobility. Her chronic pain interfered with her activities of daily living and social and recreational activities developing stress and depression. The treatment plan that was requested for authorization on September 9, 2015, included an adjustable wheelchair. On September 3, 2015, a request for a wheelchair was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Adjustable wheelchair #1: 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) ambulatory assistance devices.

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. Per the Official Disability Guidelines section on wheelchairs and walkers, they are medically indicated in-patient with knee pain associated with osteoarthritis. Per the progress reports, the patient has right hip and knee osteoarthritis. The patient on exam however does not exhibit significant limitations in range of motion or lower extremity strength or imbalance. The patient already uses a cane for mobility assistance. Therefore the request is not medically necessary.