

<b>Case Number:</b>	CM15-0195221		
<b>Date Assigned:</b>	10/09/2015	<b>Date of Injury:</b>	03/01/2009
<b>Decision Date:</b>	11/25/2015	<b>UR Denial Date:</b>	09/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/05/2015

### 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: Texas, New York, 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:

The applicant is a represented [REDACTED] beneficiary who has filed a claim for complex regional pain syndrome (CRPS) reportedly associated with an industrial injury of March 1, 2009. In a Utilization Review report dated October 1, 2015, the claims administrator failed to approve request for a reclining wheelchair. The claims administrator referenced an August 19, 2015 office visit in its determination. Non-MTUS ODG Guidelines were seemingly invoked exclusively in the determination. The applicant's attorney subsequently appealed. On a Home Health certification dated September 17, 2015, the applicant was described as essentially home-bound and reportedly unable to leave the home unassisted. A Home Health aide was sought to assist in performance of personal care and the like. On September 17, 2015, the applicant's Home Health nurse sought authorization for continued Home Health services. On an RFA form dated September 24, 2015, an electric hospital bed, trapeze bars, reclining shower chair, and a reclining wheelchair were sought. On June 24, 2015, the applicant reported heightened complaints of foot pain and swelling. The applicant was apparently unable to move about in a facile manner, it was reported. The applicant did not have an accessible elevator and was unable to leave her home at times, it was reported. Multiple medications, including Dilaudid, Exalgo, Cymbalta, Tizanidine, Motrin, and Colace, were renewed. The applicant's gait was not clearly described or characterized. On August 19, 2015, the applicant again reported ongoing complaints of foot, forearm, and hand pain. The applicant had undergone a spinal cord stimulator with only transient relief. Multiple medications were renewed and/or continued. The attending provider stated that the applicant needed to continue home health services owing to severe levels of pain and disability. Once again, the applicant's gait was not clearly described or characterized.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Reclining wheelchair for complex regional pain syndrome:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, 2015, Knee and Leg Chapter, Wheelchair.

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

**Decision rationale:** No, the request for a reclining wheelchair for complex regional pain syndrome was not medically necessary, medically appropriate, or indicated here. While page 40 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that some of the final steps in the treatment of complex regional pain syndrome (CPRS) include normalization of use via modifications at home and work, here, however, the August 19, 2015 office visit at issue was thinly and sparsely developed. It was not stated how the reclining wheelchair was needed or indicated here. Little-to-no narrative commentary accompanied the request for authorization. The applicant's gait was not clearly described or characterized on either the August 19, 2015 office visit at issue or on other progress notes on file, referenced above. Page 99 of the MTUS Chronic Pain Medical Treatment Guideline also notes that power mobility devices such as the reclining wheelchair at issue are not recommended if an applicant's functional mobility device can be sufficiently resolved through the usage of a cane, walker, and/or manual wheelchair. Here, again, the claimant's functional mobility deficits indeed were not clearly described or characterized on the August 19, 2015 office visit at issue. It was not clearly stated or clearly established that the reclining wheelchair in question was in fact needed or indicated here. Therefore, the request was not medically necessary.