

Case Number:	CM15-0197978		
Date Assigned:	10/13/2015	Date of Injury:	06/22/2009
Decision Date:	11/25/2015	UR Denial Date:	09/28/2015
Priority:	Standard	Application Received:	10/08/2015

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, Illinois

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 injured worker is a 52 year old female, who sustained an industrial injury on 6-22-2009. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar stenosis, lumbar radiculitis, chronic pain syndrome, numbness, obesity (7-21-2015 weight 400 pounds), muscle pain, lumbar spondylosis, lumbar degenerative disc disease, and low back pain. On 7-21-2015, the injured worker reported low back pain, rated 9 out of 10 on the visual analog scale (VAS) without medications and 7 out of 10 with medications. The Primary Treating Physician's report dated 7-21-2015, noted the injured worker reported having difficulty moving around the house and was unable to care for herself due to her pain, requesting an electric wheelchair and a walk in shower so she does not have to depend on her husband to take care of her. The injured worker's current medications were noted to include Cozaar, Norvasc, Imitrex, Lodine, Hydrodiuril, Prilosec, Lidex ointment, Ultram, Norco, Zanaflex, and Norpramin. The physical examination was noted to show the injured worker in a wheelchair, with physical examination limited due to the injured worker's size and being in a wheelchair. Sensation was noted to be slightly diminished in the lateral feet, with SI joint tenderness bilaterally, and tenderness over the paraspinal muscles. The Physician noted the injured worker continued with low back pain, encouraged to work on her diet and stay active. Prior treatments have included medications including Hydrochlorothiazide, Losartan, Lodipine, Etodolac, Cyclobenzaprine, Tramadol, and Hydrocodone. The treatment plan was noted to include a request for an electric wheelchair and walk in shower to assist with her activities of daily living (ADLs). The injured worker's work status was noted to be disabled. The request for authorization dated 9-21-2015, requested an electric wheelchair. The Utilization Review (UR)

dated 9-28- 2015, non-certified the request for an electric wheelchair.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electric wheelchair: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Power mobility devices (PMDs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Pain Chapter Power mobility devices (PMDs).

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

Decision rationale: The medical records indicate the injured worker was injured at work on 6-22-2009. The diagnosis includes lumbar stenosis, lumbar radiculitis, chronic pain syndrome, numbness, obesity (7-21-2015 weight 400 pounds), muscle pain, lumbar spondylosis, lumbar degenerative disc disease, and low back pain. Treatments have included Cozaar, Norvasc, Imitrex, Lodine, Hydrodiuril, Prilosec, Lidex ointment, Ultram, Norco, Zanaflex, and Norpramin. The medical records do not indicate a medical necessity for Electric wheelchair. The MTUS does not recommend power mobility devices if there is sufficient function in the upper extremities to proper a manual wheelchair. The medical record for this encounter lacks information on the physical examination of the upper extremities. The request is not medically necessary.