

Case Number:	CM15-0202068		
Date Assigned:	10/16/2015	Date of Injury:	09/24/1997
Decision Date:	11/25/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	10/14/2015

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: Physical Medicine & Rehabilitation

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 65 year old male, who sustained an industrial injury on September 24, 1997. The initial symptoms reported by the injured worker are unknown. The injured worker was currently diagnosed as having long-term use of other medications, other constipation, carpal tunnel syndrome, back pain, adjustment reaction with prolonged depressive reaction, lumbar stenosis and other urinary incontinence. Treatment to date has included diagnostic studies, injection, physical therapy, medications, Transcutaneous Electrical Nerve Stimulation (TENS) unit, walker and cane. On June 2, 2015, notes stated that he was finding increased difficulty with distance walking and during a 10 minute period of walking. He was noted to use his cane to ambulate and a walker if his pain was severe. On September 22, 2015, the injured worker complained of pain in his neck, right arm, low back, down both legs and left elbow. Overall, his medications were noted to provide 60-70% pain reduction with the ability to do more activities such as driving, walking longer and doing more activities at home. Physical examination revealed an antalgic gait and ambulation with a cane. The injured worker was able to rise from a seated position without difficulty and was noted to stand during the interview. Notes stated that a motorized wheelchair was denied. A request for a regular wheelchair was made so the injured worker could use it at the grocery store and when he is away from home. He was concerned about falling when his legs are weak for give out. The treatment plan included medication management, continuation of TENS unit, follow-up visits, carpal tunnel gloves and a wheelchair. On October 2, 2015, utilization review denied a request for purchase of adult manual wheelchair for lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of adult manual wheelchair for lumbar spine: 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mobility devices - Walking aids (canes, crutches, braces, orthoses, & walkers), page 100.

Decision rationale: Review indicates the patient is able to independently ambulate with use of cane and uses a walker for longer distance when pain is severe for this chronic 1997 injury. Clinical exam noted the patient able to rise from a seated position without difficulty and continues to drive, performing all ADLs. It would appear that the use of a wheelchair may actually be detrimental to this claimant by encouraging less rather than more physical activity. Per Guidelines regarding mobility devices such as wheelchairs 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 lower extremity function as in this case. 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 wheelchair is not essential to care. The criteria for the mobility device have not been met from the submitted reports. There are no documented specific clinical motor or neurological deficits of the upper or lower extremities to contradict the use of the cane for support as the patient remained ambulatory. The Purchase of adult manual wheelchair for lumbar spine is not medically necessary and appropriate.