

<b>Case Number:</b>	CM15-0202108		
<b>Date Assigned:</b>	10/19/2015	<b>Date of Injury:</b>	01/15/1991
<b>Decision Date:</b>	12/01/2015	<b>UR Denial Date:</b>	09/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 66 year old male, who sustained an industrial injury on 1-15-91. The documentation on 9-14-15 noted that the injured worker has complaints of low back pain. the documentation on 6-9-15 noted physical examination revealed that the injured workers low back pain gets stiffer and more discomfort and his right shoulder is getting intermittent symptoms and he has positive impingement. The diagnoses have included chronic low back pain and disorders of bursae and tendons in shoulder region, unspecified. Treatment to date has included norco and gabapentin. The original utilization review (9-24-15) denied the request for wheelchair; wheelchair lift hoist and camper shell. Several documents within the submitted medical records are difficult to decipher.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Wheelchair:** 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), Knee & Leg, Wheelchair.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic), Wheelchair.

**Decision rationale:** The claimant has a remote history of a work injury in January 1991 and is being treated for low back and right shoulder pain. When seen, he had undergone recent eye surgery but was having problems with vision. His low back was stiffer and he was having more discomfort. He was having intermittent right shoulder symptoms. Physical examination findings were that of positive shoulder impingement. Norco and gabapentin were prescribed. A wheelchair, hoist, and cover for the wheelchair were requested. A wheelchair can be recommended if the patient requires and will use it to move around in their residence. In this case, there is no documentation of prior assistive device use such as a cane or walker or of any gait impairment. Requesting a cover would indicate that it is not primarily intended for home use. The request for a wheelchair is not considered medically necessary.

**Wheelchair lift hoist:** 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), Knee & Leg, Wheelchair.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic), Wheelchair.

**Decision rationale:** The claimant has a remote history of a work injury in January 1991 and is being treated for low back and right shoulder pain. When seen, he had undergone recent eye surgery but was having problems with vision. His low back was stiffer and he was having more discomfort. He was having intermittent right shoulder symptoms. Physical examination findings were that of positive shoulder impingement. Norco and gabapentin were prescribed. A wheelchair, hoist, and cover for the wheelchair were requested. A wheelchair can be recommended if the patient requires and will use it to move around in their residence. In this case, there is no documentation of prior assistive device use such as a cane or walker or of any gait impairment. Requesting a cover would indicate that it is not primarily intended for home use. The request for a wheelchair is not considered medically necessary. Since the wheelchair is not medically necessary, a wheelchair hoist and wheelchair cover are also not medically necessary.

**Camper shell:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/22929311>.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic), Wheelchair.

**Decision rationale:** The claimant has a remote history of a work injury in January 1991 and is being treated for low back and right shoulder pain. When seen, he had undergone recent eye surgery but was having problems with vision. His low back was stiffer and he was having more discomfort. He was having intermittent right shoulder symptoms. Physical examination findings were that of positive shoulder impingement. Norco and gabapentin were prescribed. A wheelchair, hoist, and cover for the wheelchair were requested. A wheelchair can be recommended if the patient requires and will use it to move around in their residence. In this case, there is no documentation of prior assistive device use such as a cane or walker or of any gait impairment. Requesting a cover would indicate that it is not primarily intended for home use. The request for a wheelchair is not considered medically necessary. Since the wheelchair is not medically necessary, a wheelchair hoist and wheelchair cover are also not medically necessary.