

Case Number:	CM15-0212398		
Date Assigned:	11/02/2015	Date of Injury:	10/11/1996
Decision Date:	12/11/2015	UR Denial Date:	09/28/2015
Priority:	Standard	Application Received:	10/28/2015

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: Emergency 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 74 year old male with an industrial injury dated 10-11-1996. A review of the medical records indicates that the injured worker is undergoing treatment for cervicgia and lack of coordination. According to the progress note dated 07-02-2015, the injured worker was not functional ambulatory with or without a cane or walker for distances greater than 10-15 feet due to decreased coordination, poor balance, weakness, and chronic neck and back pain. The treating physician reported that the injured worker revealed significant decreased stamina and is a serious fall risk. The injured worker currently uses a LXI ultralight wheelchair, which was noted to be worn out from normal wear and tear, and requires direct replacement. Treatment has included medical equipment, prescribed medications, and periodic follow up visits. The utilization review dated 09-28-2015, non-certified the request for Quickie LXI Ultra Lightweight Manual Wheelchair and associated accessories.

IMR ISSUES, DECISIONS AND RATIONALES

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

Quickie LXI Ultra Lightweight Manual Wheelchair and Associated Accessories:

Overtured

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Online Edition, 2015, Knee & Leg (Acute & Chronic), Wheelchair.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna Clinical Policy Bulletin: Wheelchairs and Power Operated Vehicles (Scooters), Number: 0271 Manual Wheelchair.

Decision rationale: The requested Quickie LXI Ultra Lightweight Manual Wheelchair and Associated Accessories, is medically necessary. California's Division of Worker's Compensation "Medical Treatment Utilization Schedule" (MTUS), 7/18/09 is silent. Aetna Clinical Policy Bulletin: Wheelchairs and Power Operated Vehicles (Scooters) Number: 0271 Manual Wheelchair noted: "Aetna considers the rental or purchase of one manual wheelchair (including any medically necessary accessories and attachments) medically necessary when the member's condition is such that, without the use of a wheelchair, the member would otherwise be unable to ambulate about the home (e.g., from bedroom to bathroom, bedroom to kitchen, etc.). The injured worker was not functional ambulatory with or without a cane or walker for distances greater than 10-15 feet due to decreased coordination, poor balance, weakness, and chronic neck and back pain. The treating physician reported that the injured worker revealed significant decreased stamina and is a serious fall risk. The injured worker currently uses a LXI ultralight wheelchair, which was noted to be worn out from normal wear and tear, and requires direct replacement. The treating physician has documented the medical necessity for a replacement wheelchair. The criteria noted above having been met, Quickie LXI Ultra Lightweight Manual Wheelchair and Associated Accessories is medically necessary.