

<b>Case Number:</b>	CM15-0215444		
<b>Date Assigned:</b>	11/05/2015	<b>Date of Injury:</b>	09/01/2009
<b>Decision Date:</b>	12/22/2015	<b>UR Denial Date:</b>	10/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/02/2015

### 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 59-year-old who has filed a claim for chronic neck, low back, and shoulder pain reportedly associated with an industrial injury of September 1, 2009. In a Utilization Review report dated October 27, 2015, the claims administrator failed to approve requests for a power mobility van for the shoulders, hip, leg, and lumbar spine. The claims administrator referenced a September 2, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On September 2, 2015 office visit, the applicant reported multifocal complaints of shoulder, neck, and back pain. The applicant had undergone multiple prior knee surgeries, including several knee arthroplasty procedures, the treating provider acknowledged. The applicant's medication list included OxyContin, Lyrica, antihypertensives, and Xanax, the treating provider reported. The attending provider contended in the Subjective Complaints section of the note that the applicant was sedentary in his wheelchair at all times. The applicant's gait was not, however, clearly described or characterized in the Objective section of the note. A motorized wheelchair and mobility van were sought.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Purchase mobility van for the bilateral shoulders, left hip, right leg, lumbar spine:** 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), Knee and Leg. DME.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Activity, and Knee Complaints 2004, Section(s): Activity Alteration, and Chronic Pain Medical Treatment 2009, Section(s): Power mobility devices (PMDs).

**Decision rationale:** No, the request for a mobility van for the bilateral shoulders, hip, leg, and lumbar spine was not medically necessary, medically appropriate, or indicated here. As noted on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines, power mobility devices such as the mobility van in question are considered "not essential to care" in applicants in whom there is any mobility with canes or other assistive devices. Page 99 of the MTUS Chronic Pain Medical Treatment Guidelines also notes that power mobility devices such as the article in question are not recommended if an applicant's functional mobility deficits can be sufficiently resolved through usage of a cane, walker, and/or manual wheelchair. Here, the attending provider did not outline why the applicant could not employ a cane, walker, and/or manual wheelchair on the September 2, 2015 office visit at issue. While the attending provider stated that the applicant was wheelchair bound, the applicant's gait and ambulatory deficits were not clearly described or characterized on the September 2, 2015 office visit at issue. The MTUS Guideline in ACOEM Chapter 13, page 339 notes that the principle of maximizing activities applies to knee problems as well as problems involving other parts of the body. In a similar vein, the MTUS Guideline in ACOEM Chapter 12, page 301 notes that every attempt should be made to maintain an applicant at maximal levels of activity, including work activities. Here, thus, provision of the mobility van would likely have minimized rather than maximized the applicant's overall level of activity and day-to-day level of function. Therefore, the request is not medically necessary.