

Case Number:	CM15-0044721		
Date Assigned:	03/17/2015	Date of Injury:	05/05/2010
Decision Date:	04/22/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	03/10/2015

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 31-year-old who has filed a claim for chronic low back pain reportedly associated with an industrial injury of May 5, 2010. In a utilization review report dated February 19, 2015, the claims administrator failed to approve a request for a power chair or a power wheelchair of some kind. The claims administrator referenced non-MTUS OGD Guidelines in its determination, despite the fact that the MTUS addressed the topic. The claims administrator referenced a November 7, 2014 progress note in its determination. The claims administrator stated that the applicant had cognitive impairment associated with his injury. This was not elaborated upon, however. The applicant's attorney subsequently appealed. In a handwritten progress note dated December 23, 2014, difficult to follow, not entirely legible, the applicant apparently presented with diagnoses of spinal cord injury, depression, and neurogenic bladder. The applicant's gait was not clearly described or characterized. In a progress note dated September 18, 2014, the applicant's urologist noted that the applicant had issues with neurogenic bladder status post spinal cord injury. It was stated that the applicant was self-catheterizing to void. In a November 17, 2014 progress note, the applicant was apparently described as having various issues, including difficulty with grocery shopping, urinary incontinence, bowel incontinence, paraplegia, etc. A caregiver and a power chair/power wheelchair were apparently proposed.

IMR ISSUES, DECISIONS AND RATIONALES

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

New X8 power chair purchase (lifetime frequency): Overturned

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: Decision based on MTUS Chronic Pain Treatment Guidelines Power mobility devices (PMDs) Page(s): 99.

Decision rationale: 1. Yes, the proposed power chair is medically necessary, medically appropriate, and indicated here. While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that power mobility devices are not recommended if an applicant's functional mobility deficit can be sufficiently resolved through usage of a cane, walker, and/or manual wheelchair, in this case, however, the applicant is non-ambulatory. The applicant has apparently sustained a fairly profound spinal cord injury. The applicant is apparently unable to ambulate and has a variety of other issues, including bowel and bladder incontinence. It does not appear, thus, that the applicant is capable of employing a cane, walker, and/or manual wheelchair. Provision of a power chair, thus, is indicated. Therefore, the request is medically necessary.