

<b>Case Number:</b>	CM15-0046461		
<b>Date Assigned:</b>	03/18/2015	<b>Date of Injury:</b>	07/18/1998
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/11/2015

### 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: New York, Tennessee

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 61 year old female, who sustained an industrial injury on 7/18/1998. She reported a box falling from a shelf knocking her down and injuring her back. The injured worker was diagnosed as having adjustment disorder, lumbar disc disease and lumbar post laminectomy syndrome. There is no record of a recent radiology study Treatment to date has included therapy and medication management. The most recent progress note, dated 10/20/2014, notes the injured worker complains of increased back pain. The treating physician is requesting a wheelchair.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DME Wheelchair:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disabilities Guidelines.

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

**Decision rationale:** Manual wheelchair is recommended if the patient requires and will use a wheelchair to move around in their residence, and it is prescribed by a physician. A lightweight wheelchair is recommended if the patient cannot adequately self-propel (without being pushed) in a standard weight manual wheelchair, and the patient would be able to self-propel in the lightweight wheelchair. In this case, the patient has normal strength in her lower extremities and is able to ambulate. Medical necessity has not been established. The request is not medically necessary.