

Case Number:	CM15-0080706		
Date Assigned:	05/01/2015	Date of Injury:	02/14/2003
Decision Date:	06/01/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	04/27/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 57-year-old female injured worker suffered an industrial injury on 02/14/2003. The diagnoses included pain disorder with psychological and orthopedic features, lumbar degenerative disc disease and radiculopathy. The diagnostics included left knee magnetic resonance imaging lumbar computerized tomography. The injured worker had been treated with medications and left knee brace. On 3/23/2015, treating provider reported lower back pain and bilateral lower extremity pain rated as 5/10 with medications and 10/10 without medications. On exam, the cervical range of motion was reduced with muscle spasms and tenderness. The lumbar spine range of motion was reduced with tenderness and was unable to walk on heels or toes. She was unable to tolerate ambulation in and out of her home and required the use of a wheelchair. The treatment plan included Wheelchair.

IMR ISSUES, DECISIONS AND RATIONALES

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

Wheelchair: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Knee & Leg chapter - Wheelchairs.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG- knee chapter and pg 70.

Decision rationale: According to the guidelines, a wheel chair is recommended when prescribed by a physician for purposes of moving in residence. In this case, the claimant was unable to ambulate inside and outside her home he claimant had significant back and knee pain that prevented ambulation. The request for a wheelchair is medically necessary and appropriate.