

Case Number:	CM15-0080754		
Date Assigned:	05/01/2015	Date of Injury:	08/01/2012
Decision Date:	06/01/2015	UR Denial Date:	04/22/2015
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: New York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 56 year old male, who sustained an industrial injury on 8/1/12. He has reported initial complaints of injury to bilateral shoulders, lumbar spine, left hip, left groin, and bilateral knees due to prolonged and repetitive job activities. The diagnoses have included cervical spondylosis, right shoulder biceps tendinitis, lumbar strain/sprain, lumbar degenerative disc disease (DDD), left groin pain, left hip osteoarthritis, right hip pain, right knee strain/sprain, right knee osteoarthritis, obesity and hypertension. Treatment to date has included medications, diagnostics, walker, water aerobics and swimming. The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI). Currently, as per the physician progress note dated 4/1/15, the injured worker complains of worsening condition since the last visit. He complains of right shoulder pain that is worse with movements. He reports low back pain that radiates to the left lower extremity which is constant and there is decreased range of motion. He complains of pain in the bilateral hips which is constant and painful with limited range of motion. There is reported hot sensation in the groin area with numbness and tingling that radiates to the bilateral extremities. There is pain in the right knee which is constant especially with movements and there is decreased range of motion. The injured worker currently utilizes a walker with a seat. He is not currently working. The physician requested treatment included Electrical wheel chair with a ramp.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electrical wheel chair with a ramp: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 99.

Decision rationale: Per the guidelines, power mobility devices such as electrical wheel chairs are not recommended if the functional mobility deficit can be sufficiently resolved by the prescription of a cane or walker, or the patient has sufficient upper extremity function to propel a manual wheelchair, or there is a caregiver who is available, willing, and able to provide assistance with a manual wheelchair. If there is any mobility with canes or other assistive devices, a motorized device is not essential to care. In the case of this injured worker, he is described as having an antalgic gait but is mobile with a cane. The records do not substantiate any functional decline or further impairment to medically justify the use of an electrical wheelchair with a ramp. Therefore the request is not medically necessary.