

Case Number:	CM15-0086873		
Date Assigned:	05/11/2015	Date of Injury:	02/16/2011
Decision Date:	06/12/2015	UR Denial Date:	04/22/2015
Priority:	Standard	Application Received:	05/06/2015

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: 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 injured worker is 57 year old male, who sustained an industrial injury on February 16, 2011. The injury occurred when a large weight dropped on his left foot. The diagnoses have included pain in limb, reflex sympathetic dystrophy syndrome of the lower limb, myalgia and myositis not otherwise specified, encounter for long-term use of medications, dysthymic disorder, sleep disturbance and left lower extremity complex regional pain syndrome. Treatment to date has included medications, radiological studies, massage, physical therapy, a left lumbar sympathetic plexus block and a left below the knee amputation. Current documentation dated March 31, 2015 notes that the injured worker reported continued left lower extremity pain which has been present for several years. The pain was characterized as an aching and stabbing sensation. The pain is exacerbated with periods of ambulation. The treating physician's plan of care included a request for an EZ lite cruiser electric wheelchair.

IMR ISSUES, DECISIONS AND RATIONALES

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

EZ Lite Cruiser Electric Wheelchair: Upheld

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) Section Page(s): 99.

Decision rationale: Per the MTUS Guidelines, the use of power mobility devices (PMDs) 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. Early exercise, mobilization and independence should be encouraged at all steps of the injury recovery process, and if there is any mobility with canes or other assisted devices, a motorized scooter is not essential to care. The available documentation does not provide evidence as to why a motorized scooter is needed as opposed to a non-motorized wheel chair or other device. There is no documentation of impairment that would limit the injured workers ability to use a non-motorized method of mobilization. The request for EZ Lite Cruiser Electric Wheelchair is not medically necessary.