

Case Number:	CM14-0111849		
Date Assigned:	08/01/2014	Date of Injury:	09/17/2010
Decision Date:	09/26/2014	UR Denial Date:	06/30/2014
Priority:	Standard	Application Received:	07/17/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 56-year-old male with a 9/17/10 date of injury. The mechanism of injury was a spinal cord injury when while standing on a wheel-well approximately 28' from the ground, he slipped and fell landing on his head. According to a progress note dated 7/21/14, the patient was able to ambulate without assistive device at a nonfunctional speed. He performed long distance mobility in a wheelchair. The patient required assistance for safety in activities of daily living and mobility secondary to upper extremity impairment, weakness, and spasticity. The family reported that the patient was not self-propelling his manual wheelchair. Objective findings: limited Range of Motion (ROM) secondary to tone in bilateral upper extremities, clawing at MP, joint of left hand, tightness and flexion of MP, sloping at left shoulder secondary to subluxation and weakness. Diagnostic impression: cervical spinal cord injury secondary to work injury, incomplete neurogenic bowel/bladder, musculoskeletal and neuropathic pain, spasticity. Treatment to date: medication management, activity modification, surgery, Epidural Steroid Injection (ESI). A UR decision dated 6/30/14 denied the request for a power wheel chair. A power wheelchair is 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.

IMR ISSUES, DECISIONS AND RATIONALES

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

Power wheel chair: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Power Mobility Devices (PMDs) Page(s): 99.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Foot and Ankle Chapter.

Decision rationale: ODG recommends a manual wheelchair if the patient requires and will use a wheelchair to move around in their residence, and it is prescribed by a physician. ODG states that "power mobility devices 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." According to the progress note, dated 7/21/14, it is noted that the patient is able to ambulate without an assistive device at a nonfunctional speed. In addition, the patient performs long distance mobility in a wheelchair. The patient is not paralyzed, in fact, he recently did well at a driver's evaluation test and is awaiting an appropriate vehicle. Furthermore, the patient has a caregiver 12 hours a day, 7 days per week for assistance in activities of daily living, mobility setup and supervision for safety. Therefore, the request for Power wheelchair was not medically necessary.