

Case Number:	CM14-0121717		
Date Assigned:	08/06/2014	Date of Injury:	08/03/2000
Decision Date:	10/24/2014	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	08/01/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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:

The injured worker is a 59 year-old female who sustained an injury on 8/3/00. As per the 4/11/14 report, she complained of continued symptoms of pain to the low back, spasms to the low back, pain to the right wrist, swelling, stiffness, decreased motion, burning sensation and numbness of the right wrist. An exam of the lower back revealed spasm, tenderness of the lumbar paraspinal muscles, spinous processes and sacroiliac joint. Exam of the right wrist showed moderate tenderness over the volar aspect. From the available treating physician's report of 2/25/14, she presented with complaints of constant low back pain radiating to the left lower extremity with numbness rated at 6/10, and constant right wrist pain with tingling rated at 5/10. She reported that pain without medications was 8/10 and with medications was 5/10. Objective findings revealed lumbar spine spasms and decreased right upper extremity sensation at C6-8. Past surgeries included gallbladder surgery in 1993, back surgery in 2002, right hand surgery in 2003, second back surgery in 2011, third back and fourth surgery in 2012, and removal of lipoma in her right back in 2013. She is currently on cyclobenzaprine, gabapentin, and Terocin patches. Previous treatments included medications, physical and aquatic therapy, chiropractic care and injections. There was no reference to the present request of wheelchair from the available reports. Diagnoses include lumbar sprain/strain, lumbar radiculopathy, status post lumbar spine fusion surgery 2012, status post spine stimulator, right wrist sprain/strain. No diagnostic studies were available. The request for wheelchair for lumbar spine was denied on 7/02/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Wheelchair for lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers Compensation online guidelines 2014: Low Back - Lumbar & Thoracic (Acute and Chronic), Exercise: Prevention

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

Decision rationale: The Official Disability Guidelines (ODG) recommend manual wheelchair if the injured worker requires and will use a wheelchair to move around in their residence, and it is prescribed by a physician. The medical records do not indicate that the injured worker (IW) is incapable of ambulation. There is no evidence of severe lower extremity weakness or any deformities to impede the ability of the injured worker to move around the residence. Thus per guidelines, the request is not medically necessary.