

Case Number:	CM14-0139185		
Date Assigned:	09/05/2014	Date of Injury:	04/26/2010
Decision Date:	10/24/2014	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	08/28/2014

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 Family 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:

The injured worker is a 58 year old male machine operator whose date of injury is 04/26/10. There is no specific mechanism of injury identified, but the records indicate that the injured worker had gradual onset of neck and low back pain due to repetitive nature of work. He has undergone multiple surgeries including bilateral carpal tunnel release left on 06/28/12 and right on 08/15/13; cervical spine discectomy and fusion C4 to C7 done in 09/11; lumbar decompression and fusion at T11-12 done in 12/12; laminectomy and fusion L4-5 done in 12/12; emergency surgery of C4-5 and T2-T6 done 12/24/13. He is diagnosed with complete paraplegia at T5-6 level; no signs of upper motor neuron lesion in upper extremities; severe weakness and muscle atrophy of the left arm due to multiple cervical radiculopathies, predominantly C8-T1 level due to severe atrophy of muscles of left hand. The injured worker was seen on 06/13/14 for panel qualified medical evaluation, and electrodiagnostic studies were performed on this date. Electromyography (EMG) findings revealed evidence of severe chronic denervation due to left C7, C8-T1; moderate chronic denervation due to left C5, C6; mild to moderate chronic denervation due to C5 through C8-T1 all levels. Nerve conduction studies revealed evidence of moderate right carpal tunnel syndrome; mild left carpal tunnel syndrome; suggestion of left ulnar nerve entrapment at left elbow; right ulnar nerve entrapment at the right elbow. The injured worker is totally paralyzed in the bilateral lower extremities with bowel and bladder dysfunction and has multiple cervical radiculopathies affecting upper extremities bilaterally that vary from mild-to-moderate to severe more so in the left arm. Most recent progress report is dated 07/23/14. Objective findings noted calcaneus has now healed; 2cm decubitus sacral ulcer without infection; marked weakness of grip strength left hand; minimal motion left toes otherwise no motor function in the lower extremities. A request for a Power wheelchair was denied in the pre-authorization process on August 12, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Power Wheelchair: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Power mobility devices (PMDs).

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

Decision rationale: Per California MTUS, power mobility devices are not recommended if the mobility deficit can be resolved by prescription of a cane or walker, or if the patient has sufficient upper extremity function to propel a manual wheelchair, or if there is a caregiver who is available and is willing and able to provide assistance with a manual wheelchair. The records clearly indicate that the injured worker has permanent paraplegia of the bilateral lower extremities. He also has multiple cervical radiculopathies and upper extremity weakness that would preclude him from operating a manual wheelchair. However, the records do not address whether or not the injured worker has a relative or other caregiver who is available and who is willing and able to assist the injured worker with a manual wheelchair. As such, medical necessity cannot be established for the Power wheelchair.