

<b>Case Number:</b>	CM14-0166827		
<b>Date Assigned:</b>	10/14/2014	<b>Date of Injury:</b>	05/21/1999
<b>Decision Date:</b>	11/14/2014	<b>UR Denial Date:</b>	09/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2014

### 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 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 patient with a date of injury of May 21, 1999. A utilization review determination dated September 5, 2014 recommends noncertification of an electric wheelchair. Noncertification was recommended due to lack of documentation that the patient is unable to propel herself in a manual wheelchair, and that the patient is unable to walk despite the use of assistive devices. A report dated September 10, 2014 identifies subjective complaints of neck pain and cervicogenic headaches. The note indicates that the patient does not want any more epidural steroid injections and is interested in a trial of an intrathecal morphine pump. The note indicates that the patient has difficulty powering her own wheelchair because of her ongoing pain as well as disability in both shoulders and upper extremities. She currently lives alone in a 2 level townhome but is unable to access the 2nd floor. When an electric scooter has repeatedly been requested but denied. The patient has missed family functions and doctors appointments due to the lack of mobility. Physical examination indicates that the patient is able to walk with a 4 wheeled walker, has tenderness to palpation around the cervical spine, and has reduced range of motion affecting the right and left shoulders. Additionally, the patient has reduced strength and sensation in both upper and lower extremities. Diagnoses include cervical spinal stenosis, cervicogenic headaches, lumbar myeloligamentous injury, right shoulder internal derangement, reactionary depression/anxiety, medication induced gastritis, and obesity. The treatment plan states that the patient is unable to ambulate without an assistive device such as a 4 wheeled walker. The note indicates that the patient "needs an electric wheelchair as she cannot power her manual wheelchair because of her neck pain and shoulder pain which has a significant lack of range of motion, motor strength, and function." The patient remains a high fall risk. The note goes on to recommend an "electric scooter."

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Electric Wheel Chair:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg, Power mobility devices (PMDs)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99 of 127.

**Decision rationale:** Regarding the request for an electric scooter/wheelchair, Chronic Pain Medical Treatment Guidelines state that powered mobility devices are not recommended if the functional 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. Within the documentation available for review, the notes indicate that the patient is able to ambulate with a walker. Furthermore, it is unclear whether an electric wheelchair or electric scooter is currently being requested. Both of these devices have different risks and benefits, and it is important to clarify exactly what is being recommended for this specific patient. In the absence of clarity regarding these issues, the current request for an electric scooter/ wheelchair is not medically necessary.