

Case Number:	CM14-0089643		
Date Assigned:	09/25/2014	Date of Injury:	04/23/1995
Decision Date:	10/27/2014	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	06/13/2014

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:

Patient is a 54 year-old female with date of injury 04/23/2014. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 05/25/2014, lists subjective complaints as pain in the low back. PR-2 supplied for review was handwritten and illegible. Patient is status post lumbar fusion (year not provided in records). Objective findings: Examination of the lumbar spine revealed tenderness to palpation of the upper lumbar area with spasm and muscle guarding. Range of motion was limited. No sensory or strength testing was documented. Diagnosis: 1. Lumbar degenerative disc disease 2. Cervical spondylosis without myelopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

WHEELCHAIR: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Blue Cross Clinical UM Guideline, Durable Medical Equipment, Guideline #: CG-DME-10, Last Review Date: 02/13/2014

Decision rationale: According to the Blue Cross Clinical UM Guideline for Durable Medical Equipment, durable medical equipment is considered medically necessary when all of a number of criteria are met including:- There is a clinical assessment and associated rationale for the requested DME in the home setting, as evaluated by a physician, licensed physical therapist, occupational therapist, or nurse; and- There is documentation substantiating that the DME is clinically appropriate, in terms of type, quantity, frequency, extent, site and duration and is considered effective for the individual's illness, injury or disease; and- The documentation supports that the requested DME will restore or facilitate participation in the individual's usual IADL's and life roles. The medical record fails to document any of the above criteria. The patient was authorized for a one-month rental of a wheelchair. There is no documentation of the results of that trial. Purchase of a wheelchair is not medically necessary.