

<b>Case Number:</b>	CM14-0092207		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	01/22/2002
<b>Decision Date:</b>	10/10/2014	<b>UR Denial Date:</b>	05/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/18/2014

### 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 Preventative Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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 patient is a 66 year old employee with date of injury of 1/22/2002. Medical records indicate the patient is undergoing treatment for status-post bilateral rotator cuff repair (no DOS); L4, L5 and S1 radiculopathy on the left and L5, S1 on the right; neurogenic pain; upper extremity right median neuropathy; colon cancer and deep vein thrombosis. Subjective complaints include back pain, difficulties sitting on toilet since his legs go numb and he has difficulty straightening out his knees. His left leg has been entirely numb for about the past year and he has pain in the right groin and anterior left leg. He has increased numbness in bilateral feet. Objective findings include painful and enlarged joints in bilateral hands; edema in left leg 1+ with Jobst stocking. On wrist and hand there is decreased left thumb range of motion (ROM) and early signs of flexion contracture of the right 2nd, 3rd, 4th and 5th digits and the left 1st, 2nd, 3rd and 4th digits. There is a papilloma at T3 on the thoracic spine. In the lumbar spine there are spasms noted. He has pain with right lateral rotation, forward flexion and extension. The patient cannot straighten his legs. His straight leg raise while sitting is 80/70 and supine is 60/50 with right hip pain. A flip study is positive on the left. He cannot do a heel-toe walk without balance difficulty. He needs assistance when standing. He can squat to 10% but complains of bilateral foot pain. His edema and swelling is greater on the left than right lower extremities. Treatment has consisted of physical therapy, Jobst stocking, Coumadin, Furosemide, KlorCon, Toratidine, Lyrica and Tramadol/ Ultram. He received an intra-articular steroid injection into his right hip in 5/2013 which provided partial relief. He ambulates with a walker or wheelchair. The utilization review determination was rendered on 5/28/2014 recommending non-certification of an Electric Wheelchair; Lift Chair and Toilevator.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Electric 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 Official Disability Guidelines (ODG) Knee, Durable Medical Equipment (DME), Other Medical Treatment Guideline or Medical Evidence: Medicare.gov, Durable Medical Equipment

**Decision rationale:** MTUS, ACOEM, and Official Disability Guidelines are silent regarding the medical necessity of motorized electric wheelchair. Official Disability Guidelines does state, "Recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME) below" The term DME is defined as equipment which: (1) Can withstand repeated use, i.e., could normally be rented, and used by successive patients; (2) Is primarily and customarily used to serve a medical purpose; (3) Generally is not useful to a person in the absence of illness or injury; & (4) Is appropriate for use in a patient's home. (CMS, 2005) The treating physician notes that the patient has trouble standing from a chair as well as using the toilet. However, the treating physician does not detail other pertinent information: how the requested wheelchair will be used, no details of range of motion, strength and functional capacity were provided. In addition, outpatient physical therapy has been requested not in home physical therapy. The treating physician has not provided documentation to meet CMS guidelines at this time. As such, the request for an electric wheelchair is not medically necessary.

**Lift Chair:** 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 Official Disability Guidelines (ODG) Knee, Durable Medical Equipment (DME), Other Medical Treatment Guideline or Medical Evidence: Medicare.gov, Durable Medical Equipment

**Decision rationale:** MTUS, ACOEM, and Official Disability Guidelines are silent regarding the medical necessity of motorized electric wheelchair. Official Disability Guidelines does state, "Recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME) below" The term DME is defined as equipment which: (1) Can withstand repeated use, i.e., could normally be rented, and used by successive patients; (2) Is primarily and customarily used to serve a medical purpose; (3) Generally is not useful to a person in the absence of illness or injury; & (4) Is appropriate for use in a patient's home. (CMS, 2005) The treating physician notes that the patient has trouble standing from a chair as well as using the toilet. However, the treating physician does not detail other pertinent

information: how the requested lift chair will be used, no details of range of motion, strength and functional capacity were provided. In addition, outpatient physical therapy has been requested not in home physical therapy. The treating physician has not provided documentation to meet CMS guidelines at this time. As such, the request for a lift chair is not medically necessary.

**Toilevator:** 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 Official Disability Guidelines (ODG) Knee, Durable Medical Equipment (DME), Other Medical Treatment Guideline or Medical Evidence: Medicare.gov, Durable Medical Equipment

**Decision rationale:** MTUS, ACOEM, and Official Disability Guidelines are silent regarding the medical necessity of motorized electric wheelchair. Official Disability Guidelines does state, "Recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME) below" The term DME is defined as equipment which: (1) Can withstand repeated use, i.e., could normally be rented, and used by successive patients; (2) Is primarily and customarily used to serve a medical purpose; (3) Generally is not useful to a person in the absence of illness or injury; & (4) Is appropriate for use in a patient's home. (CMS, 2005) The treating physician notes that the patient has trouble standing from a chair as well as using the toilet. However, the treating physician does not detail other pertinent information: how the requested toilevator will be used, no details of range of motion, strength and functional capacity were provided. In addition, outpatient physical therapy has been requested not in home physical therapy. The treating physician has not provided documentation to meet CMS guidelines at this time. As such, the request for a toilevator is not medically necessary.