

<b>Case Number:</b>	CM14-0095463		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	07/21/1992
<b>Decision Date:</b>	10/08/2014	<b>UR Denial Date:</b>	06/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/23/2014

### 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of July 21, 1992. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; a cane; unspecified amounts of physical therapy; and earlier multilevel lumbar fusion surgery. In a Utilization Review Report dated June 5, 2014, the claims administrator denied a request for purchase of an electric wheelchair. It was incidentally noted that the applicant did have comorbid cardiomyopathy/congestive heart failure. Both MTUS and non-MTUS guidelines were invoked. It appears that the applicant underwent a revision lumbar fusion surgery on February 11, 2014, which included removal of old hardware. In a handwritten anesthesiology note dated February 11, 2014, it was stated that the applicant had a history of congestive heart failure/cardiomyopathy resulting in an ejection fraction of 25%. The anesthesiologist did state that the applicant was able to walk one mile without shortness of breath and/or two flights of stairs. The applicant apparently had a 19-pack-year history of smoking, it was further noted. In its Utilization Review Report, the claims administrator referenced progress notes as recent as May 2014. Many of these progress notes, however, were not incorporated into the Independent Medical Review packet.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Purchase of an electric wheelchair:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99. Decision based on Non-MTUS Citation Medicare Guidelines, Power Wheelchair

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Power Mobility Devices topic. Page(s): 99.

**Decision rationale:** As noted on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines, power mobility devices are not recommended if an applicant's functional mobility deficit is such as it can be rectified through usage of a cane, walker, or manually propelled wheelchair. In this case, the nature, extent, severity, and scope of the applicant's functional mobility deficits (if any) have not been characterized, based on the information on file, although it is acknowledged that several recent progress notes, including a May 16, 2014 progress note available to the claims administrator were not incorporated into the Independent Medical Review packet. The information that is on file, however, suggests that the applicant is possessed of a normal gait, is able to walk up to a mile continuously, and, thus, does not, consequently, need an electric wheelchair or other power mobility device to move about. Therefore, the request is not medically necessary.