MAXIMUS Federal Services

Case Number:	CM14-0215135		
Date Assigned:	01/02/2015	Date of Injury:	03/21/2003
Decision Date:	02/28/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	12/22/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: New York, Pennsylvania, Washington
Certification(s)/Specialty: Internal Medicine, Geriatric Medicine

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 56 year old man with a date of injury of 3/21/13. He was seen for medical case management on 10/30/14 for follow up of a pneumonia hospitalization. He expressed concerns over his weight gain and that his shower chair and walker were bending when he used them. He was scheduled to start the [redacted] weight loss program. He was seen by his primary treating physician on 11/24/14. He was noted to have lost seven pounds and his provider was advocating for a gym membership. He also requested an updated motorized wheelchair. His old wheelchair was said to be in need of repairs and that he no longer fit in his wheelchair. There was a discussion of a move for him to an assisted living facility. He had multiple medical comorbidities including congestive heart failure, morbid obesity, diabetes, atrial fibrillation, sleep apnea, osteoarthritis, rheumatoid arthritis and pneumonia. His exam showed limitations in cervical and thoracolumbar and lumbar spine range of motion with spasms and tenderness. At issue in this review is the request for an updated motorized wheelchair for the back and bilateral legs.

IMR ISSUES, DECISIONS AND RATIONALES

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

Updated motorized wheelchair for the back and bilateral legs: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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: Uptodate: Overview of geriatric rehabilitation: Program components and settings for rehabilitation.

Decision rationale: This injured worker has chronic pain with morbid obesity and multiple medical comorbidities. At issue is the request for an updated motorized wheelchair as it is in need of repair and he no longer fits in it well. Motorized wheelchairs and scooters are increasingly common and are most helpful for community mobility. The medical records do not substantiate the degree of functional impairment of the injured worker with regards to gait or function. The physical exam does not address his gait or functional status. It is also not documented why a manual wheelchair cannot be used and why a motorized wheelchair is justified over a manual chair. The medical necessity of an update motorized wheelchair is not substantiated in the records.