

<b>Case Number:</b>	CM14-0035044		
<b>Date Assigned:</b>	06/23/2014	<b>Date of Injury:</b>	09/25/2007
<b>Decision Date:</b>	02/25/2015	<b>UR Denial Date:</b>	02/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/21/2014

### 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: California, Indiana, New York  
Certification(s)/Specialty: Internal 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 56 year old female injured worker suffered an industrial injury on 9/25/2007 while working, fell landing on both knees with pain in the wrists, low back, both hips, both shoulders and neck. The treatments included oral and topical medications, physical therapy, acupuncture and functional restoration program. Also included were injections and surgery to left knee in 2008 and right wrist surgery in 2009. On 2/3/2009 the EMG revealed neuropathy in the spine, lower extremities and wrist. The injured worker had pre-existing cervical and lumbar fusion with a spinal cord stimulator. During the fall, the leads from the spinal cord stimulator leads moved and had to undergo surgery to attempt to redo the leads. The provider progress note on 1/20/2014 reported the injured worker complained of lumbar spine pain, bilateral shoulder pain, bilateral knee pain and lumbar spine radiculopathy radiating to the bilateral lower extremities. The exam revealed tenderness to the lumbar spine, positive leg raise, decreased range of motion, tenderness to the shoulders with positive impingement and tenderness to both knees with decreased range of motion. The diagnoses included lumbar disc displacement with radiculopathy, lumbar sprain/strain, hip trochanteric bursitis, knee bursitis sprain/strain and insomnia. The request was submitted for purchase of a manual wheelchair. The UR decision on 2/19/2014 denied the request as there was no documentation for the rationale for the wheelchair along with no evidence on exam for profound lower extremities weakness.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **1 Wheelchair For Purchase: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee & Leg, and walking aids

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee section, Wheelchair

**Decision rationale:** Pursuant to the Official Disability Guidelines, a wheelchair is not medically necessary. The guidelines recommend a manual wheelchair if the patient requires and will use a wheelchair to move around their residence and is prescribed by a physician. Additional options are available. See the guidelines for additional details. In this case, the injured worker's working diagnoses are lumbar disc displacement with radiculopathy; lumbar radiculopathy; lumbar spine sprain/strain; carpal tunnel syndrome; shoulder rotator cuff syndrome; shoulder sprain/strain; cervical spine sprain/strain; hip trochanteric bursitis; fixed sprain/strain Emmy: knee bursitis; knee sprain/strain; and insomnia. The documentation in a January 20, 2014 note states of wheelchair is required since the patient has been using a walker for 4 years and continues to have difficulty in mobility. There is no documentation of a worsening gait. Physical examination shows lower extremity weakness 4/5. There are no gait abnormalities documented. There is no ataxia documented. The patient has been using a walker for four years the documentation does not state the injured worker is unable to use the walker any longer. Nonuse is associated with less need, negative outcome and a negative evaluation of the walking aid. There is no documentation in the medical records for the use of a wheelchair when the walker provides sufficient assistance. Consequently, absent clinical documentation to support the need for a wheelchair and a clinical indication/rationale for a wheelchair, a wheelchair is not medically necessary.