

Case Number:	CM15-0012597		
Date Assigned:	01/30/2015	Date of Injury:	07/02/2010
Decision Date:	03/19/2015	UR Denial Date:	01/14/2015
Priority:	Standard	Application Received:	01/21/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & Gen Prev Med

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 65 year old female, who sustained an industrial injury on July 2, 2010. She has reported lower back pain, neck pain and knee pain. The diagnoses have included lumbar spine degenerative disc disease, sciatica, lumbosacral spondylosis, chronic pain syndrome, anxiety and depression. Treatment to date has included physical therapy, occupational therapy, medications, bracing, H-wave therapy, aqua therapy, use of a cane, use of a wheelchair, injections, bilateral knee replacements, and imaging studies. A progress note dated December 30, 2014 indicates a chief complaint of continued lower back pain, neck pain and knee pain. Physical examination showed limited weight bearing capacity and labile emotions. The treating physician is requesting a lightweight wheelchair. On January 14, 2015 Utilization Review denied the request for the lightweight wheelchair citing the MTUS chronic pain medical treatment guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lightweight wheelchair QTY:1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Power Mobility Device Page(s): 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Power mobility devices (PMDs) Page(s): 99. Decision based on Non-MTUS Citation Knee and Leg, Wheelchair

Decision rationale: MTUS states "Not recommended if the functional mobility deficit can be sufficiently resolved by the prescription of a cane or walker, or the patient has sufficient upper extremity function to propel a manual wheelchair, or there is a caregiver who is available, willing, and able to provide assistance with a manual wheelchair. Early exercise, mobilization and independence should be encouraged at all steps of the injury recovery process, and if there is any mobility with canes or other assistive devices, a motorized scooter is not essential to care".ODG states "Recommend manual wheelchair if the patient requires and will use a wheelchair to move around in their residence, and it is prescribed by a physician. Reclining back option recommended if the patient has a trunk cast or brace, excessive extensor tone of the trunk muscles or a need to rest in a recumbent position two or more times during the day. Elevating leg rest option recommended if the patient has a cast, brace or musculoskeletal condition, which prevents 90-degree flexion of the knee, or has significant edema of the lower extremities. Adjustable height armrest option recommended if the patient has a need for arm height different than that available using non-adjustable arms. A lightweight wheelchair is recommended if the patient cannot adequately self-propel (without being pushed) in a standard weight manual wheelchair, and the patient would be able to self-propel in the lightweight wheelchair. (CMS, 2007) For powered wheelchairs, see Power mobility devices (PMDs)."The treating physician has not provided documentation of lower extremity weakness to justify the use of a wheelchair at this time. Guidelines recommend the usage of a cane and encourage mobility and independence. As such the request for Lightweight wheelchair QTY:1 is not medically necessary.