

<b>Case Number:</b>	CM15-0018064		
<b>Date Assigned:</b>	02/06/2015	<b>Date of Injury:</b>	10/12/2013
<b>Decision Date:</b>	03/25/2015	<b>UR Denial Date:</b>	01/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/30/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 43 year old male, who sustained an industrial injury on October 12, 2013. He has reported lower back pain, leg pain, and difficulty ambulating. The diagnoses have included lumbar spine degenerative disc disease, lumbar spine stenosis, bilateral lumbar spine radiculopathy/radiculitis, osteoarthritis, cervical spine degenerative disc disease, and lumbar postlaminectomy syndrome. Treatment to date has included medications, bracing lumbar spinal fusion, physical therapy, aqua therapy, use of a walker, and imaging studies. A progress note dated November 13, 2014 indicates a chief complaint of continued leg pain and back pain, severe difficulty with ambulation, numerous falls at home, and numbness from the waist to the legs. The treating physician is requesting the purchase of a wheelchair. On January 21, 2015 Utilization Review denied the request for the purchase of the wheelchair citing the ODG.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Wheelchair purchase:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg, Wheelchair

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

**Decision rationale:** Regarding the request for a wheelchair, CA MTUS does not specifically address the issue. ODG recommends a manual wheelchair if the patient requires and will use a wheelchair to move around in their residence, and it is prescribed by a physician. Within the documentation available for review, the patient has a history of back and leg pain despite spine surgery. He is noted to have severe difficulty with ambulation despite use of a walker. He has numbness in the legs and has had numerous falls at home. As less restrictive assistive devices has been unable to allow the patient to ambulate safely within the home, a wheelchair appears appropriate. In light of the above, the currently requested wheelchair is medically necessary.