

Case Number:	CM15-0018144		
Date Assigned:	02/06/2015	Date of Injury:	04/20/2007
Decision Date:	03/27/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	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: New York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency 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 59 year old female, who sustained an industrial injury on 4/23/07. She has reported neck and knee injury. The diagnoses have included cervical strain, disc lesion of cervical spine, lumbar disc herniation with radiculitis/radiculopathy, right shoulder tendonitis, impingement syndrome, overload pain of left shoulder due to right shoulder, anxiety, depression and insomnia. Treatment to date has included pain medication and physical therapy. (MRI) magnetic resonance imaging, and (CT) computerized tomography scan of lumbar spine, right knee and right have been performed and (EMG) Electromyogram and (NCV) Nerve Conduction studies have been performed of lower extremities. Currently, the injured worker complains of severe and constant pain in the right knee and ankle. On 12/3/14 the injured worker stated the medications have increased gastritis. Physical exam of right knee noted restricted and painful range of motion. Facet joint tenderness is noted at L3, L4, L5 and S1 bilaterally. On 1/6/15 Utilization Review non-certified a prescription for a wheelchair, noting insufficient clinical documentation. The MTUS, ACOEM Guidelines, was cited. On 1/30/15, the injured worker submitted an application for IMR for review of a wheelchair.

IMR ISSUES, DECISIONS AND RATIONALES

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

Wheelchair: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation knee and leg

Decision rationale: A wheelchair would be indicated if the patient needs to remain non-weight-bearing following a surgical procedure or due to a specified medical condition and if there is reason documented as to why the patient cannot use crutches and requires a wheelchair. In this case, although the patient may have a condition that would support the provision of a wheelchair, the clinical information provided is not sufficient to determine the need for a wheelchair according to guidelines.