

Case Number:	CM15-0110582		
Date Assigned:	06/17/2015	Date of Injury:	09/12/2009
Decision Date:	08/19/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/08/2015

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

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 25 year old female, who sustained an industrial injury on 09/12/2009. The injured worker is noted to be a quadriplegic as a result of motor vehicle accident on 09/12/2009. On provider visit dated 05/01/2015, the diagnoses have included spinal cord injury at C5-C7 - unspecified, abnormal involuntary movements, neurogenic bladder NOS and pelvic region and thigh pain in joint. Treatment to date has included surgical intervention, medication, therapy and durable medical equipment. The provider requested on another date LED lights and high speed upgrade package.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 high speed upgrade package for mobility device: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg, Power mobility devices and on the Non-MTUS Bushby K, Finkel R, Birnkrant DJ, Case LE, Clemens PR, Cripe L, Kaul A, Kinnett K, McDonald C, Pandya S, Poysky J, Shapiro F, Tomezsko J, Constantin C, DMD Care Considerations Working Group. Diagnosis and management of Duchenne muscular dystrophy, part 2: implementation of multidisciplinary care. Lancet Neurol. 2010 Feb; 9(2):177-89.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Power Mobility Devices under MTUS Page(s): 99.

Decision rationale: The patient was injured on 09/12/09 and presents with low back pain and is quadriplegic. The request is for 1 high speed upgrade package for mobility device. There is no RFA provided and the patient's recent work status is not provided. Power Mobility Devices under MTUS page 99 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." The patient is diagnosed with quadriplegia, neurogenic bladder, neurogenic bowel, AHR, neuropathic pain, spasticity, s/p concussion, and hemorrhoids. While it appears that the mobility device is reasonable for the quadriplegic patient, there is no medical necessity established for the mobility device to be upgraded to high speed. The reason for the request is not provided. Therefore, the requested high speed package for mobility device IS NOT medically necessary.

1 LED lights for mobility device: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg, Power mobility devices and on the Non-MTUS Bushby K, Finkel R, Birnkrant DJ, Case LE, Clemens PR, Cripe L, Kaul A, Kinnett K, McDonald C, Pandya S, Poysky J, Shapiro F, Tomezsko J, Constantin C, DMD Care Considerations Working Group. Diagnosis and management of Duchenne muscular dystrophy, part 2: implementation of multidisciplinary care. Lancet Neurol. 2010 Feb; 9(2):177-89.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Power Mobility Devices under MTUS Page(s): 99.

Decision rationale: The patient was injured on 09/12/09 and presents with low back pain and is quadriplegic. The request is for 1 LED lights for mobility device. There is no RFA provided and the patient's recent work status is not provided. Power Mobility Devices under MTUS page 99 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." The patient is diagnosed with quadriplegia, neurogenic bladder, neurogenic bowel, AHR, neuropathic pain, spasticity, s/p concussion, and hemorrhoids. While it appears that the mobility device is reasonable for the quadriplegic patient, there is no medical necessity established for the LED lights for the mobility device. The reason for the request is not provided. Therefore, the requested LED lights for the mobility device IS NOT medically necessary.

1 adjustable stealth lateral hardware for mobility device: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg, Power mobility devices and on the Non-MTUS Bushby K, Finkel R, Birnkrant DJ, Case

LE, Clemens PR, Cripe L, Kaul A, Kinnett K, McDonald C, Pandya S, Poysky J, Shapiro F, Tomeszko J, Constantin C, DMD Care Considerations Working Group. Diagnosis and management of Duchenne muscular dystrophy, part 2: implementation of multidisciplinary care. *Lancet Neurol.* 2010 Feb; 9(2):177-89.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Power Mobility Devices under MTUS Page(s): 99.

Decision rationale: The patient was injured on 09/12/09 and presents with low back pain and is quadriplegic. The request is for 1 adjustable stealth lateral hardware for mobility device. There is no RFA provided and the patient's recent work status is not provided. Power Mobility Devices under MTUS page 99 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." The patient is diagnosed with quadriplegia, neurogenic bladder, neurogenic bowel, AHR, neuropathic pain, spasticity, s/p concussion, and hemorrhoids. While it appears that the mobility device is reasonable for the quadriplegic patient, there is no medical necessity established for the stealth lateral hardware for the mobility device. There is no indication of why the patient is unable to use the standard support provided and the reason for the request is not provided. Therefore, the request is not medically necessary.