

<b>Case Number:</b>	CM15-0116193		
<b>Date Assigned:</b>	06/24/2015	<b>Date of Injury:</b>	03/24/2010
<b>Decision Date:</b>	08/19/2015	<b>UR Denial Date:</b>	06/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2015

### 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 53 year old male who sustained an industrial injury on 03/24/10. Initial complaints and diagnoses are not available. Treatments to date include surgery, multidisciplinary therapies including physical and occupational therapy, medications, a wheelchair, walker, and psychiatric therapy. Diagnostic studies are not addressed. Current complaints include red marks on the sides of his hips from his wheelchair, falls from the wheelchair, being over the weight limit for his current wheelchair, and damaged wheels on the wheelchair. Current diagnoses include anoxic brain injury, incomplete C6 spinal cord injury, chronic depression and suicidal. In a team conference note dated 03/23/15 the treating provider reports the plan of care as a new wheelchair, continued psychiatric counseling, medications, and a sleep study. The requested treatments include a new wheelchair with multiple added features.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One tilite TR series 3 wheelchair:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter, Wheelchair Topic.

**Decision rationale:** Regarding the request for a wheelchair, the California Medical Treatment and Utilization Schedule does not specifically address wheelchairs. The Official Disability Guidelines Knee and Leg Chapter 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 arm. 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) In this case, the injured worker has sustained a Brown Sequard type of spinal cord injury and is classified as C6 ASIA D. The patient is noted to require wheelchair for longer distances only, and is otherwise able to using a rolling walker. Therefore, the patient has demonstrated ability to self-propel a manual wheelchair and has undergone physiotherapy and PM&R consultation which have deemed that a manual wheelchair is appropriate. The issue now is that the patient has significant weight gain and needs a wider, yet lightweight wheelchair. The note from 5/25/15 indicates that the patient has 'red marks' on the sides of his body from his current wheelchair. Given these factors, this request is medically necessary.

**One adjustable rear axle reinforced frame matrix mx1 quick release back rest and mount, carbon fiber camber tube, color anodized package and natural-fit hand rims:**  
Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter, Wheelchair Topic.

**Decision rationale:** Regarding the request for a wheelchair, the California Medical Treatment and Utilization Schedule does not specifically address wheelchairs. The Official Disability Guidelines Knee and Leg Chapter 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 arm. 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) In this case, the injured worker has sustained a Brown Sequard type of spinal cord injury and is classified as C6 ASIA D. The patient is noted to require wheelchair for longer distances only, and is otherwise able to using a rolling walker. Therefore, the patient has demonstrated ability to self-propel a manual wheelchair and has undergone physiotherapy and PM&R consultation which have deemed that a manual wheelchair is appropriate. With regard to the backrest, the RFA from 5/26/15 indicates that an adjustable backrest is necessary for the patient to sit in the correct posture. The other components of the wheelchair involve its construction, and carbon fiber is a strong material that is used in many wheelchairs. The hand rims are appropriate as the patient is self-propelling this wheelchair. The request is medically necessary.

**One soft roll casters, spinergy wheels, and adjustable tension upholstery:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter, Wheelchair Topic.

**Decision rationale:** Regarding the request for a wheelchair, the California Medical Treatment and Utilization Schedule does not specifically address wheelchairs. The Official Disability Guidelines Knee and Leg Chapter 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 arm. 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) In this case, the injured worker has sustained a Brown Sequard type of spinal cord injury and is classified as C6 ASIA D. The patient is noted to require wheelchair for longer distances only, and is otherwise able to using a rolling walker. Therefore, the patient has demonstrated ability to self-propel a manual wheelchair and has undergone physiotherapy and PM&R consultation which have deemed that a manual wheelchair is appropriate. With regard to the backrest, the RFA from 5/26/15 indicates that an adjustable backrest is necessary for the patient to sit in the correct posture. The other components of the wheelchair are standard components in wheelchair prescriptions, including soft roll casters and Spinergy wheels (which is a particular brand of wheel). The request is medically necessary.

**One matrix Vi seat cushion, adjustable combination, skin protection and positioning, side guards-profiled to rear wheel, calf straps, seat pouch, and anti tip bars:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter, Wheelchair Topic.

**Decision rationale:** Regarding the request for a wheelchair, the California Medical Treatment and Utilization Schedule does not specifically address wheelchairs. The Official Disability Guidelines Knee and Leg Chapter 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 arm. 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) In this case, the injured worker has sustained a Brown Sequard type of spinal cord injury and is classified as C6 ASIA D. The patient is noted to require wheelchair for longer distances only, and is otherwise able to using a rolling walker. Therefore, the patient has demonstrated ability to self-propel a manual wheelchair and has undergone physiotherapy and PM&R consultation which have deemed that a manual wheelchair is appropriate. With regard to the anti-tippers, this device would prevent the patient from falling backward and was already an expressed concern because of the patient's weight gain. The calf straps are justified in the RFA form as necessary due to the patient's leg sometimes falling behind the foot rest, and there is concern for skin injury. The padded seat cushion is felt to be necessary due to the need to reduce pressure to the sacrococcygeal region where pressure ulcers often develop. Given this, this request is medically necessary.