

<b>Case Number:</b>	CM15-0118592		
<b>Date Assigned:</b>	06/26/2015	<b>Date of Injury:</b>	11/21/1997
<b>Decision Date:</b>	07/28/2015	<b>UR Denial Date:</b>	06/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/19/2015

### 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: Massachusetts

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 65-year-old male who sustained a work related injury November 21, 1997. Past history included s/p discectomy L4-L5 1998, back surgery 2010, and stroke on anticoagulants. According to a pain management physician's report, dated June 4, 2015, the injured worker presented for ongoing back pain and requesting Methadone. Electrodiagnostic studies, February 2014 found a proximal S1 radiculopathy. The back pain is moderate, lower back location, and radiates to the left ankle, calf, foot, thigh, and right ankle, calf, calf, foot and thigh. The pain is rated 10/10 without medication and 5/10 with medication. Current medications included Zocor, Celebrex, Plavix, Lyrica, B complex, cyclobenzaprine, and methadone. Physical examination revealed; cervical spine revealed moderate pain with motion; lumbar spine tenderness and severe pain with range of motion; right shoulder, mild pain with motion; left and right hands, mild pain with range of motion; right and left hip, moderate pain with range of motion; foot/ankle, pain with motion. There is significant bilateral numbness in the left lower limb and foot, mostly the bottom of the foot. The injured worker reports severe mobility issues and inquires about a wheel chair. His wife assists at home with massage and his son with yoga. He exercises with bands, walking and swimming. Assessment is documented as radiculopathy thoracic or lumbosacral; myalgia and myositis, unspecified, chronic pain due to trauma; degenerative disc disease lumbar; spondylolisthesis; facet arthropathy. At issue, is the request for authorization for a manual wheelchair.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Manual wheelchair QTY: 1. 00:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Knee & Leg (Acute & Chronic) Wheelchair.

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

**Decision rationale:** The claimant has a remote history of a work injury occurring in November 1997. When seen, he was having worsening radiating back pain. There was an antalgic gait without reported assistive device use. There was decreased lower extremity strength and sensation. He had decreased balance and was unable to walk on his toes. There was left buttock and bilateral sacroiliac joint and greater trochanteric tenderness. The assessment references the claimant as being able to perform home exercise, walking, and swimming. A manual wheelchair can be recommended if the patient requires and will use it to move around in their residence. In this case, there is no documentation of prior assistive device use such as a cane or walker, which may sufficiently resolve the claimant's mobility deficit. The request for a manual wheelchair is not medically necessary.