

<b>Case Number:</b>	CM15-0120519		
<b>Date Assigned:</b>	07/01/2015	<b>Date of Injury:</b>	12/31/2005
<b>Decision Date:</b>	07/31/2015	<b>UR Denial Date:</b>	06/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/22/2015

### 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: North Carolina

Certification(s)/Specialty: Family Practice

### 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 55 year old female, who sustained an industrial injury on 12/31/2005. The mechanism of injury is unknown. The injured worker was diagnosed as having right hip surgery in 2012, transforaminal lumbar interbody fusion in 2013 and a microdiscectomy in 2011. There is no record of a recent diagnostic study. Treatment to date has included surgery, physical therapy and medication management. In a progress note dated 5/21/2015, the injured worker complains of neck pain radiating into the shoulder, rated 3/10 and low back pain, rated 1/10, radiating into the left thigh, rated 6/10. Physical examination showed tenderness in the mid cervical spine, bilateral upper trapezius and right paraspinal muscles and decreased cervical and lumbar range of motion. Documentation states the injured worker lives alone and can only walk 150 feet. The treating physician is requesting lightweight wheelchair with removable wheels.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Light Weight Wheel Chair with removable wheels:** Overturned

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, durable medical equipment.

**Decision rationale:** The California MTUS and the ACOEM do not specifically address the requested item. Per the Official Disability Guidelines section on durable medical equipment, DME is primarily and customarily used to serve a medical purpose and generally not useful to a person in the absence of illness or injury. DME equipment is defined as equipment that can withstand repeated use i.e. can be rented and used by successive patients, primarily serves a medical function and is appropriate for use in a patient's home. The equipment itself is used for the patient's ambulatory condition and home situation. Based on review of the clinical documentation and the above criteria, the request is medically necessary.