

<b>Case Number:</b>	CM15-0121415		
<b>Date Assigned:</b>	07/02/2015	<b>Date of Injury:</b>	09/09/1998
<b>Decision Date:</b>	07/31/2015	<b>UR Denial Date:</b>	06/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/23/2015

### 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, Indiana, New York  
 Certification(s)/Specialty: Internal 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:

This 44 year old man sustained an industrial injury on 9/9/1998. The mechanism of injury is not detailed. Diagnoses include chronic lumbar pain with radiculopathy, chronic cervical pain, chronic headaches, internal hemorrhoids, chronic dental pain, lower extremity edema, depression, and anxiety. Treatment has included oral and intrathecal medications. Physician notes dated 6/1/2015 show complaints of increased headaches, and pain to the low back, inguinal area, prostate area, neck, and abdomen with bilateral lower extremity edema, swelling, depression, and anxiety. Recommendations include decrease Neurontin, lumbar spine MRI, wheelchair, Lexapro, psychiatric care, and follow up in one month.

### 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 base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Ankle & Foot (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 and leg section, Wheelchair.

**Decision rationale:** Pursuant to the Official Disability Guidelines, wheelchair is not medically necessary. Durable medical equipment is recommended generally if there is a medical need and the device or system meets Medicare's definition of durable medical equipment. Most bathroom and toilet supplies do not customarily serve a medical purpose and are primarily used for convenience in the home. The term DME is defined as equipment which: can withstand repeated use; is primarily and customarily served medical purpose; generally is not useful to a person in the absence of illness or injury; and is appropriate for use in the patient's home. The guidelines recommend a manual wheelchair if the patient requires and will use a wheelchair to move around their residence and it is prescribed by a physician. In this case, the injured worker's working diagnoses are history inguinal injury with chronic pain; chronic lumbar pain with radiculopathy; chronic cervical pain; chronic headaches; depression and anxiety; internal hemorrhoids; chronic dental pain; and lower extremity edema. The date of injury is September 9, 1998. The request for authorization is dated June 10, 2015. According to a progress note dated June 1, 2015, the injured worker has worsening low back pain, inguinal area pain, prostate pain and neck and abdominal pain. Objectively, the injured worker has a mildly antalgic gait, tenderness to palpation over the lumbar paraspinal muscle groups with decreased range of motion. The injured worker does not show any signs of sedation and is alert and oriented. Medications include methadone 10 mg five times per day, Dilaudid 8mg milligrams three times per day; Neurontin, Lexapro, Ambien and Voltaren gel. There is no clinical indication for wheelchair. The injured worker is ambulatory with a slight antalgic gait. There is no clinical rationale for her wheelchair. The injured worker has a history of falling. Falling may be due to the opiate therapy prescribed in the injured worker. The injured worker is taking multiple doses of methadone 10 mg five times daily, Dilaudid 8 mg and Ambien. The documentation indicates the injured worker may be falling because of debilitating "prostate pain". The documentation also indicates back pain as a reason for wheelchair utilization. The injured worker is ambulatory. Perhaps an assistive device such as a cane or walker may stabilize the injured worker. There is no clinical indication for wheelchair. Consequently, absent clinical documentation with an appropriate clinical indication and clinical rationale for a wheelchair in an injured worker that is ambulatory, wheelchair is not medically necessary.