

<b>Case Number:</b>	CM15-0177464		
<b>Date Assigned:</b>	09/18/2015	<b>Date of Injury:</b>	05/16/1986
<b>Decision Date:</b>	10/20/2015	<b>UR Denial Date:</b>	08/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2015

### 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: Arizona, California

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 61 year old female, who sustained an industrial injury on 05-16-1986. The injured worker is currently permanently disabled. Medical records indicated that the injured worker is undergoing treatment for obesity, insulin dependent diabetes, and end stage bilateral knee arthritis. Treatment and diagnostics to date has included pool therapy, use of an electric scooter for mobility, and medications. Current medications include Flector patch. In a progress note dated 08-16-2015, the injured worker reported chronic bilateral knee pain rated 8-9 out of 10 and stated her pain "has been especially severe lately". Objective findings included being pushed into office in a manual wheelchair, 20 degree flexion contracture on the left knee, and joint line tenderness with crepitus in the left knee. The Utilization Review with a decision date of 08-24-2015 denied the request for fold and go power wheelchair.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fold and go power 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, Knee & Leg, Power mobility devices (PMDs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Power mobility devices (PMDs). Decision based on Non-MTUS Citation ODG knee chapter and pg 70.

**Decision rationale:** According to the guidelines, Powered wheelchairs are not recommended is a manual wheelchair or can provide mobility. In this case, the claimant has an electric scooter but did nit have the strength or energy to use it. She was led by a manual wheelchair into the office. There is no indication that the fold n go would allow the claimant ability to use that is superior to the Hover round. There has not been an evaluation to prove the case. The request for the fold and go wheel chair is not medically necessary.