

Case Number:	CM15-0062247		
Date Assigned:	05/19/2015	Date of Injury:	10/10/2012
Decision Date:	06/24/2015	UR Denial Date:	03/27/2015
Priority:	Standard	Application Received:	04/01/2015

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, 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 52 year old male, who sustained an industrial injury on 1/10/12. He has reported initial complaints of right side and back injuries after falling from a ladder. The diagnoses have included healed calcaneal fracture and status post kyphoplasty for a lumbar burst fracture, gastric issues, cervical spine sprain/strain, bilateral feet strain/sprain, severe depression and anxiety with suicidal ideation and major depressive disorder. Treatment to date has included medications, conservative care, surgery, psychiatric, and consultations. Currently, as per the physician progress note dated 1/16/15, the injured worker complains of persistent pain in the neck, which he states has improved since the last visit. He also complains of pain in the bilateral shoulders and lower back which is constant and worsening and radiates to the bilateral legs. He cannot stand fully erect and he walks with a very slow antalgic gait pattern with visible grimacing as he is in severe pain. He also reports pain in the bilateral hips, bilateral ankles and bilateral feet, which are frequent and unchanged from visit last month. He reports that the pain is relieved with medications as the pain with taking medications is rated 4/10 on pain scale and without medications is 9/10. The objective findings reveals that the cervical spine has tenderness, positive Spurling's bilaterally, and positive cervical compression. The exam of the lumbar spine reveals decreased range of motion, tenderness and hypertonicity over the paraspinal muscles equally, and decreased strength and sensation bilaterally. The exam of the left hip reveals decreased range of motion, tenderness over the iliac crest, positive Patrick's sign, and decreased strength with flexion, internal rotation and external rotation. The exam of the right ankle reveals slightly decreased range of motion, and tenderness over the lateral and medial

malleoli. The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of the right ankle dated 2/18/15 reveals probable prior calcaneal fracture, mild Achilles tendinosis and prior sprain of the anterior talofibular ligament. There were no other diagnostic studies noted in the records. The current medications included Norco, Prilosec, Lidoderm patches and Colace. The urine drug screen dated 2/27/15 was consistent with medications prescribed. The treatment plan was follow up psyche evaluation, Magnetic Resonance Imaging (MRI) of the lumbar spine and right ankle, prescriptions for current medications and urine toxicology. Work status is temporary total disability until 2/13/15. The physician noted that he is currently having significant difficulty ambulating for any period of time and he has to stop every ten minutes due to the pain, and for any extended periods of time the pain becomes more severe. The physician requested treatment included a wheelchair.

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 cite any medical evidence for its decision.

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.

Decision rationale: The CA MTUS does not address the use of wheelchairs. The ODG does recommend a wheelchair if there is documentation of difficulty in ambulation. The records state that the patient is able to walk unassisted up to ten minutes before having to stop due to pain. The records also state that the patient is able to walk unassisted for up to 20 feet. There is no documentation stating that the patient could not ambulate with the benefit of a cane or walker. Thus, this request is deemed not medically necessary at this time.