

<b>Case Number:</b>	CM15-0074423		
<b>Date Assigned:</b>	04/24/2015	<b>Date of Injury:</b>	09/01/2009
<b>Decision Date:</b>	05/21/2015	<b>UR Denial Date:</b>	04/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/20/2015

### 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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

### 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 59 year old male, who sustained an industrial/work injury on 9/1/09. He reported initial complaints of left shoulder greater than right and low back pain and right knee. The injured worker was diagnosed as having lumbar spine disc protrusion, left shoulder s/p MRSA (methicillin resistant staphylococcus aureus) with debridement, right shoulder tendinitis, osteoarthritis, and depression. Treatment to date has included medication, diagnostics, surgery (s/p above the knee amputation, shoulder surgery), and injections. Currently, the injured worker complains of low back and shoulder pain. A prosthetic fitting was completed with transitioning from a wheelchair to being ambulatory is on hold due complications with the prosthesis. Per the primary physician's progress report (PR-2) on 2/23/15, examination showed moderate tenderness of the sub-occipital region down the trapezius into the scapular regions bilaterally, lumbar spine had slightly decreased range of motion, right lower extremity amputation. The requested treatments include motor wheelchair and referral to a joint specialist.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Motor 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 and Leg.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mobility devices.

**Decision rationale:** This 59 year old male has complained of left shoulder, right knee and low back pain since date of injury. He has been treated with surgery, physical therapy and medications. The current request is for an electric power wheelchair. Per the ODG guidelines cited above, a powered mobility device is not recommended if a functional mobility deficit can be sufficiently resolved with the prescription of a cane or walker or if the patient has sufficient upper extremity function to propel a manual wheelchair. The available medical records do not provide a rationale as to why the patient requires an electric power versus a manual wheelchair or documentation why another assistive device such as a walker is insufficient. On the basis of this lack of documentation and per the ODG guideline cited above, an electric power wheelchair is not indicated as medically necessary.

**Referral to joint specialist:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM chapter 7, Independent Medical Examinations and Consultations, page 127.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341.

**Decision rationale:** This 59 year old male has complained of left shoulder, right knee and low back pain since date of injury. He has been treated with surgery, physical therapy and medications. The current request is for a referral to a joint specialist. The available medical records do not adequately document provider rationale or expectations from a consultation with a joint specialist. On the basis of the available medical records and per the ACOEM guidelines cited above, referral to a joint specialist is not indicated as medically necessary.