

<b>Case Number:</b>	CM15-0075116		
<b>Date Assigned:</b>	04/27/2015	<b>Date of Injury:</b>	03/27/2002
<b>Decision Date:</b>	07/03/2015	<b>UR Denial Date:</b>	03/25/2015
<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: California

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:

The injured worker is a 79 year old male, who sustained an industrial injury on 3/27/02. He received a spinal cord injury. The injured worker was diagnosed as having gangrene, cervical spinal cord injury, incomplete tetraplegia, incomplete neurogenic bowel and bladder, spasticity, pain and chronic pressure ulcer. Treatment to date has included oral medications, physical therapy, orthopedic surgeries, motorized wheelchair and wound care. Currently, the injured worker complains of abdominal pain. Physical exam noted normal bowel sounds and abdominal tenderness with mild epigastric tenderness. The treatment plan included cleansing wound with mild soap and keeping weight off affected area/limb at all times.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**T handle for joystick knob:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Power Mobility Devices Page(s): 99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Power mobility devices (PMD) Page 99.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines indicates that power mobility devices (PMDs) are not recommended if the functional mobility deficit can be sufficiently resolved by the prescription of a cane or walker, or the patient has sufficient upper extremity function to propel a manual wheelchair. The patient is a 79-year-old individual who sustained an injury 03/27/02. The patient was involved in a work-related cervical spinal cord injury with subsequent incomplete tetraplegia presenting with hemiparesis, incomplete neurogenic bladder, spasticity, and pain. Prior treatments included physical therapy sessions, acupuncture, chiropractic care, power wheelchair. The progress report dated 3/10/15 documented that the patient is a partial quadraplegic with a recurrent sacral pressure ulcer. He has had multiple surgeries in past. Mobility is limited, wheelchair mostly. The progress report dated 2/10/15 documented a history of congestive heart failure, hernia repair, pulmonary embolism November 2014, coumadin therapy, cervical spinal cord injury, tetraplegia, and neurogenic bladder. The physical medicine & rehabilitation progress report dated 1/15/2015 documented that the patient was involved in a work related cervical spinal cord injury with subsequent incomplete tetraplegia presenting with hemiparesis, incomplete neurogenic bowel and bladder, spasticity and pain. The patient is status post work related injury 3/27/02. Medical history includes cervical spinal cord injury, incomplete tetraplegia, American Spinal Injury Association (ASIA) D. The patient has a history of neurogenic bowel and bladder, and spasticity. Multiple case managers have done home evaluation and 24 hour care was recommended. Patient currently is provided transportation for medical appointments. The patient reports using public transportation is quite difficult. Spasticity and deformity was noted on physical examination. Physical examination demonstrated motor weakness at the cervical, thoracic, lumbar, and sacral levels. Motor weakness was demonstrated in the torso and upper and lower extremities. A new power chair base was certified on 3/25/15. The [REDACTED] letter dated 4/20/15 provides justification for the T-handle joystick knob. The patient has limited hand function as a result of the cervical level spinal cord involvement. He reports difficulty keeping his hand on the standard carrot style joystick knob, and the T-handle will give him sufficient surface area and shape to be able to hold on better to the joystick and control the chair. The patient is a 79-year-old individual who had a work related cervical spinal cord injury with incomplete tetraplegia. Physical examination demonstrated motor weakness at the cervical, thoracic, lumbar, and sacral levels. Motor weakness was demonstrated in the torso and upper and lower extremities. Because the patient has limited hand function as a result of the cervical level spinal cord involvement, the request for a T-handle joystick knob is justified. Therefore, the request for T-handle joystick knob is medically necessary.

**MaRTx PB elite back 16":** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Power Mobility Devices Page(s): 99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Power mobility devices (PMD) Page 99.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines indicates that power mobility devices (PMDs) are not recommended if the

functional mobility deficit can be sufficiently resolved by the prescription of a cane or walker, or the patient has sufficient upper extremity function to propel a manual wheelchair. The patient is a 79-year-old individual who sustained an injury 03/27/02. The patient was involved in a work-related cervical spinal cord injury with subsequent incomplete tetraplegia presenting with hemiparesis, incomplete neurogenic bladder, spasticity, and pain. Prior treatments included physical therapy sessions, acupuncture, chiropractic care, power wheelchair. The progress report dated 3/10/15 documented that the patient is a partial quadraplegic with a recurrent sacral pressure ulcer. He has had multiple surgeries in past. Mobility is limited, wheelchair mostly. The progress report dated 2/10/15 documented a history of congestive heart failure, hernia repair, pulmonary embolism November 2014, coumadin therapy, cervical spinal cord injury, tetraplegia, and neurogenic bladder. The physical medicine & rehabilitation progress report dated 1/15/2015 documented that the patient was involved in a work related cervical spinal cord injury with subsequent incomplete tetraplegia presenting with hemiparesis, incomplete neurogenic bowel and bladder, spasticity and pain. The patient is status post work related injury 3/27/02. Medical history includes cervical spinal cord injury, incomplete tetraplegia, American Spinal Injury Association (ASIA) D. The patient has a history of neurogenic bowel and bladder, and spasticity. Multiple case managers have done home evaluation and 24 hour care was recommended. Patient currently is provided transportation for medical appointments. The patient reports using public transportation is quite difficult. Spasticity and deformity was noted on physical examination. Physical examination demonstrated motor weakness at the cervical, thoracic, lumbar, and sacral levels. Motor weakness was demonstrated in the torso and upper and lower extremities. A new power chair base was certified on 3/25/15. The [REDACTED] letter dated 4/20/15 provides justification for the Matrix PB Elite Back. The patient currently has a custom orthotic molded backrest, which was ordered to provide aggressive support to counter a progressive spinal rotoscoliosis. The patient finds that the firm materials required to provide the corrective support interface are uncomfortable during long periods of sitting in the chair, and also when he travels in his wheelchair in the community where continuous vibration and bumps in the sidewalk cause a sensation of chafing. His therapist agrees that a less aggressive off-the-shelf padded contoured backrest as an alternative that can be switched periodically with the custom molded back is a good idea to encourage continued use of the custom back as much as the patient can tolerate it, and increase the patient's tolerance to sit up for extended periods of activity in the wheelchair. The patient is a 79-year-old individual who had a work related cervical spinal cord injury with incomplete tetraplegia. The patient has a history of congestive heart failure, hernia repair, pulmonary embolism, coumadin therapy, and recurrent sacral pressure ulcer. Physical examination demonstrated motor weakness at the cervical, thoracic, lumbar, and sacral levels. Motor weakness was demonstrated in the torso and upper and lower extremities. Spasticity and deformity was noted on physical examination. Because the patient has motor weakness in the torso and upper and lower extremities with spasticity and deformity and a history of recurrent sacral pressure ulcer, the request for the Matrix PB Elite Back is justified. Therefore, the request for Matrix PB Elite Back is medically necessary.

**Enhanced 2-5 function control module through joystick:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Power Mobility Devices Page(s): 99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Power mobility devices (PMD) Page 99.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines indicates that power mobility devices (PMDs) are not recommended if the functional mobility deficit can be sufficiently resolved by the prescription of a cane or walker, or the patient has sufficient upper extremity function to propel a manual wheelchair. The patient is a 79-year-old individual who sustained an injury 03/27/02. The patient was involved in a work-related cervical spinal cord injury with subsequent incomplete tetraplegia presenting with hemiparesis, incomplete neurogenic bladder, spasticity, and pain. Prior treatments included physical therapy sessions, acupuncture, chiropractic care, power wheelchair. The progress report dated 3/10/15 documented that the patient is a partial quadraplegic with a recurrent sacral pressure ulcer. He has had multiple surgeries in past. Mobility is limited, wheelchair mostly. The progress report dated 2/10/15 documented a history of congestive heart failure, hernia repair, pulmonary embolism November 2014, coumadin therapy, cervical spinal cord injury, tetraplegia, and neurogenic bladder. The physical medicine & rehabilitation progress report dated 1/15/2015 documented that the patient was involved in a work related cervical spinal cord injury with subsequent incomplete tetraplegia presenting with hemiparesis, incomplete neurogenic bowel and bladder, spasticity and pain. The patient is status post work related injury 3/27/02. Medical history includes cervical spinal cord injury, incomplete tetraplegia, American Spinal Injury Association (ASIA) D. The patient has a history of neurogenic bowel and bladder, and spasticity. Multiple case managers have done home evaluation and 24 hour care was recommended. Patient currently is provided transportation for medical appointments. The patient reports using public transportation is quite difficult. Spasticity and deformity was noted on physical examination. Physical examination demonstrated motor weakness at the cervical, thoracic, lumbar, and sacral levels. Motor weakness was demonstrated in the torso and upper and lower extremities. A new power chair base was certified on 3/25/15. The [REDACTED] letter dated 4/20/15 provides justification for the enhanced 2-5 function control module through joystick. The patient has a new power seat system that includes Power Recline, Tilt, and Power legs. The current seat control module is push button activated. The patient reports difficulty and confusion using the push button system, and the goal of this power base replacement is to provide seat control access through the joystick with the seating activity visible on the joystick display. This module is a required electronic accessory for the connection between the joystick control and the power seat actuators. Without it, the base replacement will be ineffective, as he will be in the same position with push button controls that he is in now. The patient is a 79-year-old individual who had a work related cervical spinal cord injury with incomplete tetraplegia. The patient has a history of congestive heart failure, hernia repair, pulmonary embolism, coumadin therapy, and recurrent sacral pressure ulcer. Physical examination demonstrated motor weakness at the cervical, thoracic, lumbar, and sacral levels. Motor weakness was demonstrated in the torso and upper and lower extremities. Spasticity and deformity was noted on physical examination. Because the patient has motor weakness in the torso and upper and lower extremities with spasticity and deformity and limited hand function as a result of the cervical level spinal cord involvement, the request for the enhanced 2-5 function control module through joystick is justified. Therefore, the request for the enhanced 2-5 function control module through joystick is medically necessary.

**Installation by [REDACTED]:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Power Mobility Devices Page(s): 99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Power mobility devices (PMD) Page 99.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines indicates that power mobility devices (PMDs) are not recommended if the functional mobility deficit can be sufficiently resolved by the prescription of a cane or walker, or the patient has sufficient upper extremity function to propel a manual wheelchair. The patient is a 79-year-old individual who sustained an injury 03/27/02. The patient was involved in a work-related cervical spinal cord injury with subsequent incomplete tetraplegia presenting with hemiparesis, incomplete neurogenic bladder, spasticity, and pain. Prior treatments included physical therapy sessions, acupuncture, chiropractic care, power wheelchair. The progress report dated 3/10/15 documented that the patient is a partial quadraplegic with a recurrent sacral pressure ulcer. He has had multiple surgeries in past. Mobility is limited, wheelchair mostly. The progress report dated 2/10/15 documented a history of congestive heart failure, hernia repair, pulmonary embolism November 2014, coumadin therapy, cervical spinal cord injury, tetraplegia, and neurogenic bladder. The physical medicine & rehabilitation progress report dated 1/15/2015 documented that the patient was involved in a work related cervical spinal cord injury with subsequent incomplete tetraplegia presenting with hemiparesis, incomplete neurogenic bowel and bladder, spasticity and pain. The patient is status post work related injury 3/27/02. Medical history includes cervical spinal cord injury, incomplete tetraplegia, American Spinal Injury Association (ASIA) D. The patient has a history of neurogenic bowel and bladder, and spasticity. Multiple case managers have done home evaluation and 24 hour care was recommended. Patient currently is provided transportation for medical appointments. The patient reports using public transportation is quite difficult. Spasticity and deformity was noted on physical examination. Physical examination demonstrated motor weakness at the cervical, thoracic, lumbar, and sacral levels. Motor weakness was demonstrated in the torso and upper and lower extremities. A new power chair base was certified on 3/25/15. The [REDACTED] [REDACTED] letter dated 4/20/15 provides justification for installation of the power seat system by [REDACTED]. The new power seat system was built by [REDACTED] to fit the patient's current Quickie QM710 base. To preserve the new power seating system without incurring additional cost to replace it, the seat system and new Quantum power chair base need to be sent to the power seat manufacturer [REDACTED]. Since the power seat system is to be adapted to fit an entirely different wheelchair base make / model, it can only be modified and mounted by the original manufacturer at their fabrication facility. The patient is a 79-year-old individual who had a work related cervical spinal cord injury with incomplete tetraplegia. The patient has a history of congestive heart failure, hernia, and pulmonary embolism. Physical examination demonstrated motor weakness at the cervical, thoracic, lumbar, and sacral levels. Motor weakness was demonstrated in the torso and upper and lower extremities. Spasticity and deformity was noted on physical examination. The patient has motor weakness in the torso and upper and lower extremities with spasticity and deformity and limited hand function as a result

of the cervical level spinal cord involvement. The patient does not have the knowledge and physical abilities to perform a self-installation. Therefore, the request for installation of the power seat system by [REDACTED] is justified. Therefore, the request for installation of the power seat system by [REDACTED] is medically necessary.