

Case Number:	CM15-0076659		
Date Assigned:	04/28/2015	Date of Injury:	10/12/2009
Decision Date:	06/29/2015	UR Denial Date:	03/19/2015
Priority:	Standard	Application Received:	04/21/2015

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: Texas, 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:

This is a 62 year old female patient who sustained an industrial injury on 10/12/2009. She sustained the injury while she was trying to pick up a patient and she fell on cement injuring her knees, hip and lower back. Diagnoses include internal derangement of the knee, sprain lumbar region, chronic pain, and obesity. Per the most recent physician progress note dated 12/23/2014, she had complains of constant, moderate, achy low back pain. She does receive relief from medications. Physical examination revealed could not perform range of motion due to severe pain, morbidly obese and the lumbar spine tender to palpation to the paravertebral muscles; in a wheelchair and significant distress with movement; sitting and straight leg could not be performed. Per the physician progress note dated 09/19/2014 she had low back pain rated 7 out of 10, and movement worsens pain. She was mostly wheelchair bound. She ambulates to get in/out of shower and her car. She received in-home support services of activities of daily living. There has been no change in pain or symptoms since 2009. The lumbar spine was unable to be assessed because she was in a wheel chair and has significant pain with movement. The medications list includes oxycodone, oxycontin, soma and xanax. Treatment to date has included diagnostic studies (no report present for review), and medications. Treatment requested is for Purchase: power wheel chair, batteries x2, and arm rest x2.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase: power wheel chair, batteries x2, arm rest x2: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, power wheel chair.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines page 99 Power mobility devices (PMDs).

Decision rationale: Q- Purchase: power wheel chair, batteries x2, arm rest x2 per the CA MTUS chronic pain guidelines, Power mobility devices 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, or there is a caregiver who is available, willing, and able to provide assistance with a manual wheelchair." A detailed recent objective musculoskeletal and neurological exam documenting functional deficits that preclude use of other assistive devices or a manual wheel chair, was not specified in the records provided. The absence of a care giver who can propel a manual wheel chair is not specified in the records provided. Any other medical conditions that would completely compromise the patient's ability to use a manual wheelchair are not specified in the records provided. The medical necessity of Purchase: power wheel chair, batteries x2, arm rest x2 is not fully established for this patient.