

Case Number:	CM15-0077740		
Date Assigned:	04/29/2015	Date of Injury:	01/12/1998
Decision Date:	06/02/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	04/23/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 77 year old female, who sustained an industrial injury on 01/12/1998. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having lumbosacral spondylosis without myelopathy and hip tendinitis. Treatment to date has included medication regimen, magnetic resonance imaging of the lumbar spine, x-rays of the lumbar spine, back brace, magnetic resonance imaging of the left hip, and use of a walker. In a progress note dated 01/08/2015 the treating physician reports complaints of back and hip pain/tendinitis. The treating physician requested a wheelchair, but the documentation provided did not indicate the specific reason for the requested equipment.

IMR ISSUES, DECISIONS AND RATIONALES

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

One new 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 (ODG), Ankle & Foot Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Hoenig H, et al. Overview of geriatric rehabilitation: Program components and settings for rehabilitation. Topic 16852, version 9.0. UpToDate. Accessed 05/25/2015.

Decision rationale: The MTUS Guidelines are silent on this issue in this clinical situation. Mobility devices may be used for physical limitations affecting mobility, such as weakness, problems with balance, limited endurance, and/or sensory issues. Devices are intended to improve mobility and independence and to provide some protection against falls. However, there is limited research on the impact of these devices. Wheelchairs are needed when a person is unable to have weight on the legs or has a significant limitation with function. Some examples of a significant limitation include severe weakness in both legs or balance and coordination problems that are so severe a walker cannot be used. The submitted and reviewed documentation indicated the worker was experiencing pain the back and hip. These records did not address whether the worker had recent falls or problems while walking with a walker, describe any of the above situations, or specify how the worker was expected to benefit from the use of a wheelchair. There was no discussion describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for a new wheelchair is not medically necessary.