MAXIMUS Federal Services

Case Number:	CM15-0095656		
Date Assigned:	05/22/2015	Date of Injury:	07/16/2013
Decision Date:	06/24/2015	UR Denial Date:	05/07/2015
Priority:	Standard	Application Received:	05/18/2015

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: Physical Medicine & Rehabilitation, Pain Management

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 46 year old male, who sustained an industrial injury on 7/16/2013. Diagnoses have included left Achilles bursitis or tendinitis, left ankle pain status post left ankle and foot surgery and recent flare up with overuse of the left ankle. Treatment to date has included physical therapy and medication. According to the progress report dated 4/17/2015, the injured worker arrived in a manual wheelchair. He reported that the electric wheelchair broke down and he had to push it. He reported swelling in his left ankle. He complained of throbbing, pins and needles, tingling and numbness rated 10/10. Current medications included Norco, Motrin and Voltaren Gel. The injured worker was wearing a left CAM boot. He was able to move his toes. Sensory exam was intact. Authorization was requested for an electric wheelchair.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electric Wheelchair for Left Ankle: 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 and Foot , Online Version, Wheelchair.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 ? 9792.26 MTUS (Effective July 18, 2009).

Decision rationale: Regarding the request for a Motorized wheel chair, Chronic Pain Medical Treatment Guidelines state that powered mobility devices are not recommended if the functional 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. Within the documentation available for review, the notes indicate that the patient is able to use a manual wheelchair. As such, the current request for a Regarding the request for a Motorized wheel chair is not medically necessary.