

Case Number:	CM15-0096792		
Date Assigned:	05/28/2015	Date of Injury:	06/08/1998
Decision Date:	06/26/2015	UR Denial Date:	04/30/2015
Priority:	Standard	Application Received:	05/19/2015

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, Indiana, New York
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 49 year old male, who sustained an industrial injury on 06/08/1998. He has reported injury to the bilateral hips and low back. The diagnoses have included lumbar spine disc disease; thoracic spine sprain/strain; bilateral carpal tunnel and cubital tunnel syndromes; and status post bilateral hip arthroplasties with revisions on the right, including for infection. Treatment to date has included medications, diagnostics, wheelchair, aquatic therapy, home exercises, and surgical intervention. Medications have included Hydrocodone, Cyclobenzaprine, Ambien, and Omeprazole. A progress note from the treating physician, dated 02/12/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of continued difficulty simply getting around; he had a fall down some stairs; his transportation is currently working; he is very frustrated; his wheelchair is very heavy; and has continued significant pain going down both of his legs and pain across his pelvis. Objective findings included walking with a cane; has great difficulty getting around and getting up from a chair; straight leg raising signs caused him pain in the hip are and low back; and any range of motion of the hips caused groin pain. The treatment plan has included the request for lighter manual wheelchair.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lighter manual 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 & Leg, Wheelchair.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and leg section, Wheelchair.

Decision rationale: Pursuant to the Official Disability Guidelines, lighter manual wheelchair is not medically necessary. The guidelines recommend manual wheelchair the patient requires and will use a wheelchair to move around their residence and it is prescribed by a physician. A lightweight wheelchair is recommended if the patient cannot adequately self-propelled (without being pushed) and weight manual wheelchair and would be able to self propel in a lightweight wheelchair. In this case, the injured worker's working diagnoses are status post bilateral hip arthroplasties with revisions on the right; thoracic spine sprain/strain; bilateral carpal tunnel and cubital tunnel syndromes; lumbar disc disease with foraminal stenosis; and psychiatric complaints. The documentation does not contain evidence the injured worker cannot self propel in a regular weighted wheelchair. Additionally, the injured worker ambulates with a cane. The injured worker has a slow antalgic gait. According to an April 22, 2015 progress note, there is no physical examination in the body of the medical record. Consequently, absent clinical documentation with an inability to self propel in a regular wheelchair with documentation of an ability to emulate with a cane, lighter manual wheelchair is not medically necessary.