

<b>Case Number:</b>	CM15-0098324		
<b>Date Assigned:</b>	06/01/2015	<b>Date of Injury:</b>	12/12/2006
<b>Decision Date:</b>	07/08/2015	<b>UR Denial Date:</b>	04/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/22/2015

### 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, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 51 year old female, who sustained an industrial injury on December 12, 2006. The injured worker was diagnosed as having complex regional pain syndrome of left lower extremity, rheumatoid arthritis, bilateral knee arthritis and post concussive injury. Treatment to date has included stimulator implant and medication. A progress note dated July 22, 2014 provides the injured worker complains of low back pain and spasms. She reports she is having a flare up. Her stimulator is working for the leg pain but not for the back. She reports she cannot get comfortable to lie down. Physical exam notes stimulator battery site is clean and dry with no redness. The lumbar area is very tender to touch with twitch present. Trigger point injections were performed. There is a request for power chair repairs, replacement of motor and left foot.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Power chair repairs, replacement of left/right motors, left foot (lifetime frequency): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Labor Code 4600 (1).

**Decision rationale:** The records document a complex regional pain syndrome, and several degenerative disease conditions and rheumatoid arthritis. She had a severe flare. The note was from 7-22-14. There were trigger points done. There were medicine response forms. A note from 2-5-15 documents a pharmacology review. There was a crush injury to the left foot in 2006. There is no information regarding the wheelchair itself, and there is not documentation of significant mobility impairment that would drive the need for this form of mobility aid. There is no mention of the details is how and why the device broke and needed repair. Moreover, Labor Code 4600(a) notes that care is medical, surgical, chiropractic, acupuncture, and hospital treatment including nursing, medicines, medical and surgical supplies, crutches and apparatuses, including orthotic and prosthetic devices and services, that is reasonably required to cure or relieve the injured worker from the effects of his or her injury shall be provided by the employer. Ultimately, this request is not medical care. The request is appropriately not medically necessary.