

Independent Medical Review Final Determination Letter

1092

[REDACTED]

Dated: 12/30/2013

IMR Case Number:	CM13-0018493	Date of Injury:	10/31/2011
Claims Number:	[REDACTED]	UR Denial Date:	08/28/2013
Priority:	STANDARD	Application Received:	08/29/2013
Employee Name:	[REDACTED]		
Provider Name:	[REDACTED]		
Treatment(s) in Dispute Listed on IMR Application:			
WHEEL CHAIR X 6 MONTHS L/S NOT MEDICALLY CERTIFIED BY PA			

DEAR [REDACTED]

MAXIMUS Federal Services has completed the Independent Medical Review (“IMR”) of the above workers’ compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: UPHOLD. This means we decided that none of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations, [REDACTED]
[REDACTED]

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in <Occupational Medicine and is licensed to practice in California. 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 physician 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/services.

DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back reportedly associated with an industrial injury of October 30, 2011.

Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; prior lumbar spine surgery on May 28, 2013; and extensive periods of time off of work, on total temporary disability.

In a Utilization Review Report of August 28, 2013, the claims administrator denied a request for six-month wheelchair rental. The applicant's attorney later appealed, on August 29, 2013.

An earlier progress note of August 28, 2013 is notable for comments that the applicant reports persistent low back pain, 8/10. The applicant states that she is worse. She remains off of work. She is on Soma and Norco for pain relief. She is uncomfortable and is sitting uprightly and stiffly. Her gait, however, is non-antalgic. Despite ambulating stiffly, she is able to transfer, admittedly with some difficulty. Limited lumbar range of motion is noted. An equivocal seated straight leg raising is noted. The applicant is given prescriptions for Duragesic, physical therapy, and asked to remain off of work, on total temporary disability.

A later note of September 19, 2013 is again notable for comments that the applicant is ambulating stiffly, with a nonantalgic gait, and is moving slowly. She is not, however, using a cane, crutch, walker, or other assistive device.

IMR DECISION(S) AND RATIONALE(S)

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

1. Wheelchair times six months is not medically necessary and appropriate.

The Claims Administrator based its decision on the Official Disability Guidelines, Knee & Leg, which is not part of the MTUS.

The Physician Reviewer based his/her decision on the Low Back Complaints (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12) as well as the Chronic Pain Medical Treatment Guidelines, Power mobility devices (PMDs), pg. 99 which is part of MTUS.

The Physician Reviewer's decision rationale:

While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines endorses usage of a manual wheelchair in those individuals with a functional mobility deficit with sufficient upper extremity strength so as to propel the same, in this case, however, it is not clearly stated what functional mobility deficit the applicant has which would justify a six-month rental of a wheelchair. As further noted on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines, early exercise, mobilization, and independence should be encouraged at all steps of the injury recovery process. In this case, usage of a wheelchair would minimize rather than maximize activity. Both page 99 of the MTUS Chronic Pain Medical Treatment Guidelines and the MTUS-adopted ACOEM Guidelines in chapter 12 endorse maximizing rather than minimizing activity. In this case, the applicant does not appear to carry a diagnosis or deficit that would require usage of any form of wheelchair, either manual or powered.

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.

[REDACTED]

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