
Notice of Independent Medical Review Determination

Dated: 10/29/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/9/2013
Date of Injury:	10/31/2011
IMR Application Received:	7/25/2013
MAXIMUS Case Number:	CM13-0003297

- 1) MAXIMUS Federal Services, Inc. has determined the request for Pride Jazzy Select power wheelchair **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for purchase of batteries **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for service call **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/25/2013 disputing the Utilization Review Denial dated 7/11/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/30/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for Pride Jazzy Select power wheelchair **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for purchase of batteries **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for service call **is not medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, 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 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 treatments and/or services at issue.

Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated July 11, 2013:

employee who was moving away from a student when the student kicked him in the ankle in 2011. The claimant had undergone surgeries to the low back, neck and face prior to his injury. Documentation from Dr. [REDACTED] was noted on 07/02/2013 indicating that the claimant has recalcitrant Achilles tendonitis and has been unresponsive to multiple treatment protocols. He has a significant impairment. Prior note on 03/28/2013 notes that the right Achilles remains painful and he reinjured the right Achilles 3 days prior that visit. The claimant was currently seeing pain management and using the dorsiflexion stomp articulated AFO and a single crutch; he did not feel that pain management was helpful. This request is for the purchase of a Pride Jazzy Select power wheelchair, purchase of batteries and a service call.

Documents Reviewed for Determination:

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

- Application for Independent Medical Review (dated 7/25/13)
- Utilization Review Determination from [REDACTED] (dated 7/9/13)
- Employee medical records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for the purchase of a Pride Jazzy Select power wheelchair:

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines (2009), Power mobility devices, pg. 99, which is a part of Medical Treatment Utilization Schedule (MTUS). The Expert Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee sustained a work-related injury on 10/31/11, resulting in recalcitrant Achilles tendonitis. The request is for a Pride Jazzy Select power wheelchair.

MTUS/Chronic Pain Medical Treatment guidelines indicate that a power wheelchair is not recommended if the functional mobility 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. Additionally, a powered wheelchair is not recommended if a caregiver is available, willing, and able to provide assistance with a manual wheelchair. The medical records provided for review indicate that the employee has grossly normal motor examination with 4/5 strength right ankle due to pain with no apparent loss of coordination. There is no discussion in the medical records as to the need for a powered wheelchair. The request for a Pride Jazzy Select power wheelchair **is not medically necessary, and appropriate.**

2) Regarding the request for the purchase of batteries :

Since the request for the Jazzy Select Power Wheelchair is not medically necessary, none of the associated equipment is medical necessary.

3) Regarding the request for a service call:

Since the request for the Jazzy Select Power Wheelchair is not medically necessary, none of the associated equipment is medical necessary.

Effect of the Decision:

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely;

Richard C. Weiss, MD, MPH, MMM, PMP
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

/sce

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.