

Case Number:	CM14-0101607		
Date Assigned:	07/30/2014	Date of Injury:	04/21/2014
Decision Date:	09/26/2014	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	07/01/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain 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 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 items/ services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 20 year old male who sustained an injury to his upper back on 04/21/14 after being involved in a motor vehicle accident. Plain radiographs of the thoracic spine dated 04/25/14 revealed evidence of some settling on the sixth vertebral body with superior endplate fracture; subtle compression in vertebral bodies above; no widening of the pedicles or posterior spinous processes. Clinical note dated 04/25/14 reported that the injured worker presented to the clinic with complaints of daily, intermittent low grade headache, and pain across the mid to upper thoracic spine extending to the right shoulder and lateral portion of the right chest wall. There were no associated symptoms of numbness and tingling or bowel/bladder dysfunction. Physical examination noted tenderness from T3 through T8 in the midline, increased muscle tone in the parathoracic musculature with no trigger points; no rib or spine pain with lateral chest compression; normal upper extremities/lower extremities reflexes; normal heel/toe walk without evidence of weakness; ambulation normally in the room. Wheelchair was recommended to facilitate getting to and from his classes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Wheelchair Rental x 3 Months (Qty: 3): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guide, Knee & Leg, Wheelchair, Durable Medical Equipment.

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 chapter, Wheelchair.

Decision rationale: The request for wheelchair rental times three months is not medically necessary. Previous request was denied on the basis that the injured worker did not present with significant limitations with function/mobility that would support use of an assistive device for ambulation and transfer between his college classes. There was no additional information provided that would indicate the injured worker had a comorbidity that would require use of a wheelchair to move around in their residence or between classes. Given this, the request for wheelchair rental times three months is not indicated as medically necessary.