

Case Number:	CM13-0021056		
Date Assigned:	11/08/2013	Date of Injury:	10/01/2012
Decision Date:	01/17/2014	UR Denial Date:	08/23/2013
Priority:	Standard	Application Received:	09/06/2013

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 Anesthesiology as a subspecialty in Pain Management and is licensed to practice in Florida. 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. 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 patient is a 53-year-old male with a reported date of injury on 10/10/2012. The patient presented with severe right knee pain, ongoing intermittent pain in the right shoulder, left knee pain, pain to the subacromial area of the right shoulder with mild to moderate weakness upon testing of the rotator cuff, impingement and AC compression testing was positive, gross crepitation of the knees was noted, and the patient was walking wide based with a cane in the left hand. Range of motion of the right shoulder was full actively. The patient had diagnoses including bilateral end stage knee arthritis, contusion of the right knee status post bilateral meniscectomy, sinusectomy, and tricompartmental chondroplasty, status post multiple left knee surgeries with recurrent left knee pain, right shoulder pain, diabetes, and high blood pressure. The physician's treatment plan included a request for Manuel Wheelchair Rental x6 weeks over size chair.

IMR ISSUES, DECISIONS AND RATIONALES

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

Manuel Oversize Wheelchair Rental 6x weeks: 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 Official Disability Guidelines (ODG) Knee & leg, Wheelchair.

Decision rationale: The California MTUS guidelines and ACOEM do not specifically address the use of a manual wheelchair. The Official Disability Guidelines note manual wheelchairs are recommended if the patient requires and will use a wheelchair to move around in their residence, and it is prescribed by a physician. The patient had bilateral knee pain and right shoulder pain. The patient was utilizing a cane in the left hand. It was noted the patient requested a power mobility device. The provider indicated the patient had end stage arthritis of his knees and would be unable to use a wheelchair due to his shoulder. The patient was noted to be having great difficulty getting around because of his knees. The provider noted the patient did try to use a manual wheelchair but was unable to push it because of his right shoulder pain. Within the provided documentation, the physician indicated the patient would be unable to use a manual wheelchair due to shoulder limitations. Therefore, the request for Manuel Wheelchair Rental x6 weeks/Oversize chair is neither medically necessary nor appropriate