

Case Number:	CM13-0030216		
Date Assigned:	12/11/2013	Date of Injury:	09/14/2012
Decision Date:	03/26/2014	UR Denial Date:	09/20/2013
Priority:	Standard	Application Received:	09/30/2013

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 Orthopedic Surgery 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. 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:

This claimant has a date of injury of 09/14/12. She has been treated for an ankle injury for the diagnosis of posterior tibial tendon insufficiency and initially treated nonoperatively. In November of 2013, surgery to repair the posterior tibial tendon was recommended. A shower chair, knee walker, and wheelchair were requested for postoperative use.

IMR ISSUES, DECISIONS AND RATIONALES

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

shower chair: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg.

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, durable medical equipment.

Decision rationale: A shower chair would be considered medically necessary and appropriate based on the records provided in this case and the Official Disability Guidelines. The CA MTUS guidelines do not address this issue. If one looks towards the Official Disability Guidelines knee and leg chapter section on durable medical equipment, it is recommended when there are

medical conditions that result in physical limitations that require modifications to the home environment for prevention of injury. In this case, a shower chair is required for this claimant to be able to take a shower and remain nonweightbearing. Therefore, this claimant required durable medical equipment due to physical limitations that required modification of the home environment. Therefore, a shower chair would be considered medically necessary and appropriate in this case based upon the Official Disability Guidelines.

knee walker: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chapter Ankle and Foot Rolling Knee Walkers.

Decision rationale: A knee walker would not be considered medically necessary or appropriate based upon the records provided in this case and Official Disability Guidelines. Again, CA MTUS guidelines do not address this issue. If one looks towards the Official Disability Guidelines, the ankle and foot chapter section on rolling knee walker, this is recommended for patients who cannot use crutches, standard walkers, or other standard ambulatory assist devices. In this case, there is no documentation that this claimant cannot use crutches to be nonweightbearing. Therefore, a knee walker cannot be certified based upon the Official Disability Guidelines.

wheelchair: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee

Decision rationale: A wheelchair would not be considered medically necessary or appropriate based upon the records in this case and the Official Disability Guidelines. Again, CA MTUS guidelines do not address this issue. If one looks towards the Official Disability Guidelines in the knee chapter section on wheelchair, this is recommended if the claimant requires a wheelchair, and if it is recommended by a physician. In this case, this claimant needs to remain nonweightbearing following surgery. There is no reason documented in the medical records provided why this claimant cannot use crutches and requires a wheelchair. Therefore, a wheelchair cannot be certified in this case based upon the Official Disability Guidelines.