

Case Number:	CM13-0031838		
Date Assigned:	06/06/2014	Date of Injury:	11/27/2009
Decision Date:	07/16/2014	UR Denial Date:	09/17/2013
Priority:	Standard	Application Received:	10/04/2013

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 Physical Medicine & Rehabilitation, and is licensed to practice in Illinois. 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/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 51 year old female who reported an injury on 11/27/2009 due to an unspecified mechanism of injury. She had reported on 09/04/2013 foot pain that was most intense on the right side and sharp proximal radiation to the legs. A physical exam revealed acute pain and tenderness with palpation and manipulation especially to the right foot, musculoskeletal strength and tone seemed to be impacted secondary to pain, and there was no evidence of acute swelling or erythema. She had a positive Tinel's sign on bilateral feet. The injured workers diagnoses included tarsal tunnel syndrome, ankle sprain, chronic pain, and reflex sympathetic dystrophy. It was noted that she had a history of foot and ankle surgery. Medications included Acetaminophen-Hydrocodone Bitartrate, Demerol, Diazepam, Dilaudid, Levothyroxine sodium, Percocet, Promethazine Hydrochloride, Simvastatin, and Levofloxacin. The treatment plan is for purchase of a wheelchair with leg extension. The request for authorization form was provided for review and signed on 06/09/2014. The rationale for the request was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

PURCHASE OF A WHEELCHAIR WITH LEG EXTENSION: 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 Chapter, Wheelchair.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee and Leg Chapter, Wheelchair.

Decision rationale: The request for the purchase of a wheelchair with leg extension is non-certified. Per Official Disability Guidelines, the use of a wheelchair with an elevating leg rest is recommended if the injured worker has a cast, brace or musculoskeletal condition which prevents 90 degree flexion to the knee or has significant edema of the lower extremities. On examination, it was reported that the injured worker had no acute edema or erythema and her diagnoses were not related to the knee. Given the above, the request is non-certified.