

Case Number:	CM13-0038393		
Date Assigned:	12/18/2013	Date of Injury:	04/08/2001
Decision Date:	02/27/2014	UR Denial Date:	10/18/2013
Priority:	Standard	Application Received:	10/25/2013

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 Physical Medicine and Rehabilitation and Pain Medicine and is licensed to practice in Ohio and Texas. 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 72-year-old female who reported an injury on 04/08/2001. The patient is currently diagnosed with degenerative disc disease and lumbar degenerative facet joint disease, grade I spondylolisthesis, moderately severe left lumbar scoliosis, status post a left total knee arthroplasty and medial compartment degenerative joint disease in the right knee. The patient was seen by [REDACTED] on 10/17/2013. The patient reported complaints of left lower back pain, right knee pain and left knee pain and stiffness. Physical examination revealed no acute distress; 20 degrees of extension of the left knee; 115 degrees of flexion of the left knee; positive patellofemoral compression testing in the left knee; 5/5 motor strength in the bilateral lower extremities with intact sensation and positive patellofemoral compression, crepitation, Apley's and McMurray's testing in the right knee as well as an antalgic gait. The patient also demonstrated positive straight leg raise and Faber testing on the right. The patient uses a seated, wheeled walker to ambulate. Treatment recommendations included the continuation of current medications, a pain management consultation, a spinal cord stimulator trial recommendation and a wheelchair for outside use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Wheelchair (rental or purchase): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC, knee and Leg Procedure Summary

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 Chapter, Durable Medical Equipment, Wheelchair

Decision rationale: The Physician Reviewer's decision rationale: The Official Disability Guidelines state that durable medical equipment is recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment. Guidelines recommend a manual wheelchair if the patient requires and will use a wheelchair to move around in their residence, and it is prescribed by a physician. As per the clinical notes submitted, the patient utilizes a seated walker to ambulate. The documentation submitted does not indicate that the patient is unable to ambulate with the walker around the residence. There is no evidence of significant musculoskeletal deficit affecting the ability to ambulate without an assistive device. Therefore, the patient does not currently meet the criteria for the requested durable medical equipment. As such, the request is non-certified.