

Case Number:	CM13-0056245		
Date Assigned:	02/21/2014	Date of Injury:	04/05/2013
Decision Date:	05/08/2014	UR Denial Date:	11/06/2013
Priority:	Standard	Application Received:	11/22/2013

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 Preventive 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 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:

According to the records made available for review, this is a 39-year-old female with a 4/5/13 date of injury, and right knee arthroscopy 9/17/13. At the time (9/30/13) of request for authorization for retrospective patient set-up/education/fitting fee for DOS 9/16/2013 and retrospective wheelchair with leg rest - 90 day rental for DOS 9/16/2013, there is documentation of subjective (dull, aching pain in the knee with swelling) and objective (slight soft tissue swelling around the right knee) findings, current diagnoses (right knee arthroscopy, meniscal tear-medial and chondromalacia of the knee), and treatment to date (surgery, crutches for ambulation, activity modification, and medications). Regarding wheelchair with leg rest, there is no documentation that the patient requires a wheelchair to move around in her residence and that the patient has significant edema of the lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE PATIENT SET-UP/EDUCATION/FITTING FEE FOR DOS 9/16/2013: 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), SECTION KNEE & LEG, WHEELCHAIR

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), SECTION KNEE & LEG, WHEELCHAIR

Decision rationale: There is no documentation of a wheelchair that is medically necessary. Therefore, based on guidelines and a review of the evidence, the request for retrospective patient set-up/education/fitting fee for DOS 9/16/2013 is not medically necessary.

RETROSPECTIVE WHEELCHAIR WITH LEG REST - 90 DAY RENTAL FOR DOS 9/16/2013: 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), SECTION KNEE & LEG, WHEELCHAIR

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), SECTION KNEE & LEG, WHEELCHAIR

Decision rationale: The MTUS guidelines do not address this issue. The ODG identifies documentation that the patient requires a wheelchair to move around in their residence and that the wheelchair is prescribed by a physician, as criteria necessary to support the medical necessity of a wheelchair. In addition, the ODG identifies documentation that the patient has a cast, brace or musculoskeletal condition, which prevents 90-degree flexion of the knee, or has significant edema of the lower extremities, as criteria necessary to support the medical necessity of a wheelchair with elevating leg rest option. Within the medical information available for review, there is documentation of diagnoses of right knee arthroscopy, meniscal tear-medial and chondromalacia of the knee. In addition, there is documentation that the wheelchair is prescribed by a physician. However, given documentation that the employee is able to ambulate with crutches, there is no documentation that the employee requires a wheelchair to move around in the employee's residence. In addition, despite documentation that the employee has slight soft tissue swelling around the right knee, there is no (clear) documentation that the employee has significant edema of the lower extremities. Therefore, based on guidelines and a review of the evidence, the request for retrospective wheelchair with leg rest - 90 day rental for DOS 9/16/2013 is not medically necessary.