

Case Number:	CM13-0067113		
Date Assigned:	01/03/2014	Date of Injury:	07/01/2010
Decision Date:	04/23/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/17/2013

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 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 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 patient is a 35-year-old male who reported an injury on 07/01/2010 after a fall that caused a crush injury. The patient's most recent clinical evaluation was dated 04/23/2013. Physical findings included obvious deformity, a previous crush injury with a well healed incision, neuralized cellulitis and venous stasis appearance with discoloration of the left knee. The patient's diagnoses included status post partial medial and lateral meniscectomy on 04/27/2011, opacity, lateral meniscus tear in the right knee, degenerative joint disease in the bilateral knee joints. A request was made for a wheelchair for purchase.

IMR ISSUES, DECISIONS AND RATIONALES

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

PURCHASE OF A 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)

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

Decision rationale: The Official Disability Guidelines recommend a manual wheelchair when the patient's ambulation deficits cannot be sufficiently resolved with lower levels of equipment. The clinical documentation submitted for review does indicate that the patient has ambulation

deficits secondary to restricted range of motion. However, the clinical documentation submitted for review does not clearly address why the patient cannot currently use lower levels of equipment such as a walker or cane to address ambulation deficits. The clinical documentation submitted for review does not provide any recent support of why a wheelchair for purchase would be appropriate for this patient. As such, the requested wheelchair for purchase is not medically necessary or appropriate.