

Case Number:	CM13-0072513		
Date Assigned:	01/08/2014	Date of Injury:	04/20/2009
Decision Date:	07/08/2014	UR Denial Date:	12/03/2013
Priority:	Standard	Application Received:	12/31/2013

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 and 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 73-year-old male who reported an injury on 04/20/2009. The mechanism of injury was not provided. Prior treatment included bilateral knee arthroplasties in 2009. Documentation indicated that the injured worker had a history significant for traumatic brain injury, atrial fibrillation, and was on anticoagulation. The injured worker underwent an examination on 05/13/2013, which revealed that the injured worker was being treated with physical therapy. The injured worker had lost three (3) pounds. It was indicated that strategies for weight loss, and medications and laboratory results were discussed with the injured worker. It was indicated the injured worker had normal range of motion.

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) and the Medicare Guidelines, National Covered Indications.

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, Wheelchair.

Decision rationale: The Official Disability Guidelines recommend a manual wheelchair if the patient requires and will use a wheelchair to move around the residence and it is prescribed by a physician. There was no DWC form RFA, nor PR-2 (progress report) submitted with the requested service. There was a lack of documented rationale. There was lack of documentation of a physical examination to support the injured worker would have a necessity for a wheelchair. In subsequent documentation there was a request made for a custom wheelchair. The request as submitted failed to indicate the type of wheelchair being requested and whether it was a custom wheelchair, an electric wheelchair or a manual wheelchair. Given the above, the request for durable medical equipment wheelchair purchase is not medically necessary.