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| <b>Case Number:</b>   | CM14-0103864 |                              |            |
| <b>Date Assigned:</b> | 07/30/2014   | <b>Date of Injury:</b>       | 06/07/2014 |
| <b>Decision Date:</b> | 10/02/2014   | <b>UR Denial Date:</b>       | 07/02/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 07/07/2014 |

### 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 Nevada. 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 records, presented for review, indicate that this 61-year-old individual was reportedly injured on 6/7/2014. The mechanism of injury was noted as a fall from a ladder. The most recent progress note, dated 6/26/2014, indicated that there were ongoing complaints of left heel pain and right hand pain. The physical examination demonstrated left foot and ankle exam where the patient had an abnormal gait using crutches and not weight bearing on the left lower extremity. The patient is in a short leg cast. Sensation was intact in the left lower extremities. Right ankle exam was within normal limits. Diagnostic imaging studies included a Computed Tomography (CT) scan of the left ankle on 6/17/2014, which revealed new fracture of the mid-calcaneus with fracture lines extending to the posterior subtalar joint and mid-subtalar joint. Previous treatment included medication, and physical therapy. A request had been made for shower protector, knee scooter and manual wheelchair and was not certified in the pre-authorization process on 7/2/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Shower Protector (Rental or Purchase):** 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) - TWC Knee and Leg Procedures Summary last updated 06/05/2014, DME

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Knee and Leg (Acute and Chronic) Durable Medical Equipment.

**Decision rationale:** CA MTUS guidelines do not address this issue. Therefore, ODG guidelines were used. It recommends durable medical equipment generally if there is a medical need, and if the device or system meets Medicare's definition. Please note most bathroom and toilet supplies do not customarily serve a medical purpose and are primarily used for convenience in the home. After review of medical documentation and guidelines, this request is not medically necessary, as this device will be used in the shower only.

**Knee Scooter (Rental or Purchase):** 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) - TWC Knee and Leg Procedure Summary last updated 06/05/2014, Functional Mobility Deficit

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Knee and Leg (Acute and Chronic) Knee Scooter/Power Mobility Device.

**Decision rationale:** CA MTUS guidelines do not address this issue. Therefore, ODG guidelines were referenced. Knee Scooters are listed under power mobility devices. Guidelines state this device is not recommended if the functional mobility deficit can be sufficiently resolved with prescription of a cane or walker, or the patient has sufficient upper extremities function to propel a manual wheelchair, or there is a caregiver available and is willing and able to provide assistance with a manual wheelchair. Therefore, this request is not medically necessary according to ODG guidelines.

**Manual 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 Official Disability Guidelines (ODG) - TWC Knee and Leg Procedures Summary last updated 06/05/2014, Manual Wheelchair

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Knee and Leg (Acute and Chronic) Wheelchair.

**Decision rationale:** CA MTUS guidelines do not address this issue. Therefore, ODG guidelines were used for citation. Guidelines recommend a manual wheelchair if the patient requires it and will use a wheelchair to move around in the residence, and it is prescribed by physician. After review of the medical documentation, it was noted the claimant's age to be 61 years old and non-weight bearing on the affected side using crutches. The patient may very well benefit from the use of a wheelchair; however, there is insufficient documentation for justification for the use of a

manual wheelchair. Therefore, lacking pertinent documentation, this request is not medically necessary.