

Case Number:	CM14-0016797		
Date Assigned:	04/11/2014	Date of Injury:	07/01/2011
Decision Date:	05/28/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	02/10/2014

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 & 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 51-year-old female who reported injury on 07/01/2011. The mechanism of injury was the injured worker tripped over a garden hose and rolled her left ankle. The documentation of 01/02/2014 revealed the injured worker had complaints of constant moderate dull, achy, sharp low back pain, stiffness, and weakness aggravated by lifting 10 pounds, standing, walking, bending and squatting. The injured worker had complaints of difficulty shopping due to difficulty walking and standing greater than 10 minutes. The injured worker had complaints of intermittent moderate left ankle pain and stiffness associated with walking. The physical examination revealed the injured worker had decreased range of motion. There was +3 tenderness to palpation of the lumbar paravertebral muscles. There were muscle spasms of the lumbar paravertebral muscles, Kemp's test was positive bilaterally, and the sitting straight leg raise was positive bilaterally. The examination of the left knee revealed range of motion was decreased and painful. There was +3 tenderness to palpation of the anterior knee, lateral knee, medial knee and posterior knee and the McMurray's test was positive. The left ankle revealed +3 tenderness to palpation of the lateral ankle and medial ankle, inversion test caused pain. The diagnoses included lumbar disc protrusion, lumbar myospasm, lumbar pain, lumbar radiculopathy, lumbar sprain/strain, left knee internal derangement, left knee medial meniscus tear, left knee pain, left knee sprain/strain, left ankle pain, left ankle sprain/strain, left foot plantar fasciitis, disruptions of 24 hour sleep wake cycle, loss of sleep, sleep disturbance and elevated blood pressure. The treatment plan included a triple phase bone scan of the lower extremity to rule out RSD/CRPS, left knee surgery, aquatic therapy, chiropractic care and pain management consultation. The clinical documentation indicated the injured worker ambulated with an antalgic gait and a 1 point cane.

IMR ISSUES, DECISIONS AND RATIONALES

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

WHEEL CHAIR 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 Treatment For Workers' Compensation, Knee And Leg Procedure Summary.

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

Decision rationale: Official Disability Guidelines recommend a manual wheelchair if the patient requires and will use a wheelchair to move around their residence and it is prescribed by a physician. The clinical documentation submitted for review failed to indicate the injured worker had a necessity for a wheelchair. There was a lack of documentation indicating the injured worker could not utilize a walker or a cane. It was indicated the injured worker utilized a cane and there was no documentation indicating the injured worker could not continue to utilize the cane. There was no PR2 nor DWC Form RFA submitted with the request. Given the above, the request for a wheelchair purchase is not medically necessary.