

Case Number:	CM14-0111063		
Date Assigned:	08/01/2014	Date of Injury:	07/10/2007
Decision Date:	12/17/2014	UR Denial Date:	07/09/2014
Priority:	Standard	Application Received:	07/16/2014

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, has a subspecialty in Pain 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 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:

This is a patient with a date of injury of July 10, 2007. A utilization review determination dated July 9, 2014 recommends non-certification for a basketball wheelchair. A progress report dated July 23, 2014 identifies subjective complaints indicating that the patient's left stump is doing well in the prosthetic fits well with no problems. The patient has increased pain in the right knee. The basketball wheelchair was denied. Physical examination finding reveals a healthy looking left stump with tenderness over the medial aspect of the right knee and pain with stress upon it the medial collateral ligament. Diagnoses include left below knee amputation, thoracic and lumbar spasm, phantom limb pain, insomnia, vertigo, syncope, stump revision, and history of stump abscess. The treatment plan recommends continuing the current medications, continue group therapy, and follow up with the physical medicine and rehabilitation physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME- Basketball Wheelchair: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46-47. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip

Chapter, Walking aids (canes, crutches, braces, orthoses, and walkers), Knee and Leg, Durable medical equipment (DME)

Decision rationale: Regarding the request for DME- Basketball Wheelchair, California MTUS does not address the issue. ODG notes that medical conditions that result in physical limitations for patients may require patient education and modifications to the home environment for prevention of injury. Within the documentation available for review, there is no documentation of any quantified leg weakness. Furthermore, recreational equipment is not generally considered to be medical treatment. Guidelines do support the use of exercise, but there is no indication that the patient is unable to obtain adequate exercise in other ways which do not require special equipment. As such, the currently requested DME- Basketball Wheelchair is not medically necessary.