

Case Number:	CM14-0126239		
Date Assigned:	08/13/2014	Date of Injury:	04/12/2013
Decision Date:	09/16/2014	UR Denial Date:	07/28/2014
Priority:	Standard	Application Received:	08/08/2014

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 31-year-old individual was reportedly injured on 4/12/2013. The mechanism of injury was noted as an auto pedestrian injury. The most recent progress note, dated 7/14/2014, indicated that there were ongoing complaints of right below the knee amputation pain. The physical examination demonstrated right knee phantom limb symptomatology is present. The patient was wearing a prosthetic leg for the right lower extremity, which fits loosely. It does not seem to allow stability when walking. Hypersensitivity was noted to the amputated leg below the knee. No evidence of infection. Diagnostic imaging studies included an MRI of the lumbar spine, dated 2/25/2014, which showed bulging discs at L4-L5 and mild foraminal stenosis at L4-L5. Previous treatment included below the knee amputation, as well as other surgeries. A request had been made for use of a wheelchair for 8 months and was not certified in the pre-authorization process on 7/28/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight months use of 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 Official Disability Guidelines (ODG).

Decision rationale: According to ODG Guidelines, it is recommended a manual wheelchair for the patient to move around in the residence and as prescribed by a physician. A lightweight wheelchair is recommended if the patient cannot adequately self-propel in a standard weight manual wheelchair, and that the patient would be able to self-propel in the lightweight wheelchair. After reviewing the medical records provided, it is noted the injured worker is recovering from a below the knee amputation, and is having difficulty with his prosthesis, and is unstable with ambulation. The patient will benefit from the use of a wheelchair for ambulation; however, the length of time requested of 6-8 months is excessive. Therefore, this request is deemed not medically necessary.