

Case Number:	CM14-0160982		
Date Assigned:	10/06/2014	Date of Injury:	09/03/1992
Decision Date:	11/10/2014	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	10/01/2014

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 Occupational 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic knee and low back pain reportedly associated with an industrial injury of September 3, 1992. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; earlier lumbar fusion surgery; earlier total knee arthroplasty; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated September 16, 2014, the claims administrator partially approved a request for a six-month wheelchair rental as a two-month wheelchair rental. It was stated that the applicant had a loose knee prosthesis and the applicant would need to remain partially weightbearing for the time being. It was stated that the applicant was considering a prosthesis revision. The applicant's attorney subsequently appealed. In a September 11, 2014 progress note, it was acknowledged that the applicant was not working. It was stated that the applicant had persistent complaints of knee pain with peripatellar swelling appreciated. The applicant was apparently using a boot of some kind. The note was handwritten and difficult to follow. It was stated that the applicant had a loose prosthesis. It was stated that the applicant was wheelchair bound and that the applicant had been instructed to remain nonweightbearing for the time being. Overall documentation was sparse.

IMR ISSUES, DECISIONS AND RATIONALES

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

Wheelchair rental six (6) months: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Wheelchair

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 340.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 13, page 340, knee disorders under discussion can almost always bear weight on an as-tolerated basis, with treatment often including a partial weightbearing gait using crutches. In this case, the attending provider did not elaborate on the applicant's need for a wheelchair rental. It was not stated why total weightbearing status was needed, despite the loose prosthesis. It was not stated why partial weightbearing was not feasible here, as suggested by ACOEM. The handwritten progress note failed to contain any compelling rationale for six-month-long usage of a wheelchair. Therefore, the request is not medically necessary.