

Case Number:	CM14-0183298		
Date Assigned:	11/10/2014	Date of Injury:	06/15/1998
Decision Date:	12/12/2014	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/04/2014

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 Family Practice 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 65-year-old male claimant sustained a work injury on June 15, 1998 involving the low back and knees. He was diagnosed with lumbar strain and bilateral internal knee derangement. He had undergone numerous knee arthroscopies. He had undergone a right total knee arthroplasty and meniscectomies. A Progress note on October 7, 2014 indicated the claimant's knees lock up after walking for a short period. Previously a manual wheelchair was requested so his family could mobilize him. Exam findings were notable for tenderness to palpation in the lumbar spine. The knee examination showed moderate crepitus with cracking and popping in both knees. There was diffuse tenderness in both knees with limited flexion. The physician requested a wheel chair evaluation and fitting and the provision of a wheelchair for the claimant.

IMR ISSUES, DECISIONS AND RATIONALES

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

(1) Wheelchair evaluation and fitting with provision of wheelchair: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, knee & Leg (Acute & chronic)

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

Decision rationale: According to the ODG guidelines, a manual wheelchair is recommended if it is used to move around in the residence. In this case, the claimant had numerous knee surgeries and chronic knee pain. He had difficulty ambulating several feet. A wheelchair is considered appropriate and medically necessary. The above request for a wheelchair evaluation and fitting along with a provisional wheelchair is medically necessary.