

<b>Case Number:</b>	CM14-0038801		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	12/03/2011
<b>Decision Date:</b>	07/31/2014	<b>UR Denial Date:</b>	03/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/02/2014

### 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 Orthopedic Surgeon and is licensed to practice in Texas and Colorado. 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 29-year-old female who reported an injury on 12/03/2011. Mechanism of injury unknown. On 05/06/2014, the injured worker was 8 weeks postsurgery; and the provider advised her that the ankle felt stable and discontinued the cam walker and placed her in a regular shoe at that time. Physical examination dated 05/08/2014 objective examination documentation was that the injured worker's continuing pain on the lateral side of the left ankle by the operative site, and possibly some protruded object is palpable (part of a screw or a bolt). The injured worker's diagnosis was chronic left ankle pain. The injured worker's medications were hydrocodone, Naprosyn, Norco, diazepam, and Ambien. The injured worker's treatment diagnostics were an x-ray of the left ankle dated 12/19/2013. The impression was lateral malleolar soft tissue swelling; soft tissue reconstructive (Evans procedure) dated 03/10/2014; and physical therapy start date was not included in documentation dated 05/16/2014. The Request for Authorization form was not submitted with documentation for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**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) Ankle and Foot, Wheelchair.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and Foot. Wheelchair.

**Decision rationale:** The request for wheelchair is not medically necessary. The Official Disability Guidelines indicate that wheelchair is recommended if a patient requires and will use a walker to move around in their residence, and it is prescribed by a physician. According to clinician visit on 05/06/2014, the provider advised the injured worker that the ankle felt stable and that the cam walker can be discontinued, and she can be placed into a regular shoe at that time. There was no documentation established as to the injured worker need for a wheelchair to be mobile. As such, the request for a wheelchair is not medically necessary.