

Case Number:	CM14-0079892		
Date Assigned:	07/18/2014	Date of Injury:	05/21/2012
Decision Date:	09/17/2014	UR Denial Date:	05/16/2014
Priority:	Standard	Application Received:	05/30/2014

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 & Rehabilitation and is licensed to practice in Illinois. 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 60-year-old female who reported an injury on 05/21/2012 due to a slip and fall. The injured worker complained of significant pain with compression and with resistance to the knee. The injured worker's diagnoses were fracture of the left patella, status post open reduction and internal fixation, status post arthroscopy, lysis of adhesions with some diminution of the left knee, and persistent pain and weakness in the left leg consistent with complex regional pain syndrome. The injured worker's past treatments include physical therapy and aquatic therapy. The injured worker's surgical history includes removal of patella hardware and an open reduction and internal fixation of the knee. Prior diagnostic studies include an x-ray of the left knee performed on 03/28/2014 which revealed evidence of mild osteopenia of the left knee and evidence of post-surgical changes with metallic prosthesis in satisfactory position. On clinical visit of 03/24/2014 and 04/28/2014, there was no objective documentation indicated within the clinical record. The treatment plan was for request of 2-week rental of wheelchair for the left knee and also asking for continuation of home health care. It was noted that if removal of the hardware in the knee is approved, then a 2 week rental of a wheelchair would be recommended. On the authorization for request form it was submitted with documentation provided for review dated 05/06/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 Week rental of wheelchair for the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.
Decision based on Non-MTUS Citation Official Disability guidelines.

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

Decision rationale: The injured worker is complaining of weakness and pain to the left leg and knee. According to the Official Disability Guidelines, wheelchairs are recommended if the patient requires and will use a wheelchair to move around in the residence and it is prescribed by a physician. The clinical information provided indicated a 2 week rental of a wheelchair would be needed if the hardware removal was approved. However, there was a lack of information provided indicating the hardware removal surgery was certified and performed to support the necessity of the requested wheelchair. As such, the request for a 2-Week Rental of a Wheelchair for the Left Knee is not medically necessary.