

Case Number:	CM14-0081684		
Date Assigned:	07/18/2014	Date of Injury:	08/28/2012
Decision Date:	08/26/2014	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	06/03/2014

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, has a subspecialty Interventional Spine 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 patient is a 37-year-old male with a date of injury of 08/28/2012. The listed diagnoses per [REDACTED] are left knee status post arthroscopic chondroplasty of the medial femoral condyle, excision of medial parapatellar pathologic splice and partial synovectomy on 05/16/2014. According to the progress report 05/19/2014 by [REDACTED], the patient is status post left knee surgery and presents with some mild ecchymosis and small to moderate effusion. He is neurovascularly intact distally. He is able to straight leg raise fairly easily. He has full extension and about 70 degrees of flexion. The provider states the patient will be limited in his activities, and he will need a wheelchair to maintain no weight bearing. He would like the patient to utilize a wheelchair for no weight-bearing initially, then partial weight bearing with progression to crutch and ambulation. The Utilization Review denied the request on 05/20/2014.

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: Decision based on MTUS Chronic Pain Treatment Guidelines Power Mobility Devices. Decision based on Non-MTUS Citation Official Disability Guidelines; Work Loss Data Institute LLC; Corpus Christi TX; www.odg-twc.com Section Knee & Leg (Acute and Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG guidelines have the following regarding Durable Medical Equipment.

Decision rationale: This patient is status post left knee arthroscopic surgery with plica excision and chondroplasties on 05/16/2014. The provider is requesting a wheelchair for postoperative use as the patient will be limited in his weight bearing activities. There is no medical documentation provided for review that indicates if there is some sort of functional mobility deficits. The ACOEM and MTUS guidelines do not discuss wheelchairs. The ODG recommends manual wheelchairs if the patient requires and will use a wheelchair to move around in their residence, and it is prescribed by a physician. In this case, the patient is status post arthroscopic surgery of the knee. There does not appear to be an obvious medical reason for a wheel chair. However, the provider would like the patient to not bear weight for awhile, and then transition into crutches, then cane. It would appear that the patient should be able to non-weight bear for a short term without having to rely on a wheel chair, but by using the crutch. The provider does not specify the duration of need. If non-weight bearing was required for a considerable amount of time, perhaps a wheel chair may be reasonable. This does not appear to be the case. Therefore, a wheelchair is not medically necessary.