

Case Number:	CM14-0181630		
Date Assigned:	11/10/2014	Date of Injury:	10/16/2008
Decision Date:	02/10/2015	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	10/31/2014

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 Surgery, 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:

A 52-year-old female claimant with reported industrial injury of 10/16/08. Exam note from July 14, 2014 demonstrates complaint of low back and bilateral knee pain. Diagnoses include musculoligamentous strain of the lumbar spine, right knee status post total knee replacement and left knee severe osteoarthritis. Handwritten exam note from September 25, 2014 demonstrates request for wheelchair for diagnosis of left knee osteoarthritis and status post a right total knee replacement. MRI lumbar spine 5/22/2014 demonstrates 2 mm disc bulging noted at L4-5 and L5-S1 without central canal or neural foraminal stenosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Wheelchair for the bilateral knees: 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), Durable Medical Equipment

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

Decision rationale: CA MTUS/ACOEM guidelines are silent on the issue of wheelchairs. According to the Official Disability Guidelines, Knee and Leg Chapter, Wheelchairs, "recommend manual wheelchair if the patient requires and will use a wheelchair to move around in their residence, and it is prescribed by a physician. Reclining back option recommended if the patient has a trunk cast or brace, excessive extensor tone of the trunk muscles or a need to rest in a recumbent position two or more times during the day. A lightweight wheelchair is recommended if the patient cannot adequately self-propel (without being pushed) in a standard weight manual wheelchair, and the patient would be able to self-propel in the lightweight wheelchair." In this case there is insufficient evidence in the exam notes of 7/14/14 of lack of ability to ambulate independently to warrant a wheelchair. Therefore the determination is non-certification as it is not medically necessary.