

Case Number:	CM14-0196483		
Date Assigned:	12/04/2014	Date of Injury:	09/09/1998
Decision Date:	01/23/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	11/24/2014

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 Occupational Medicine, 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 an 83-year-old female with a 9/9/98 date of injury, when she slipped and fell. The patient underwent ORIF of the right femur on 7/26/13, right shoulder surgery, right knee replacement, and cochlear implant. The patient was seen on 8/20/14 with complaints of pain in the right shoulder and pain in the right knee. Exam findings revealed weight 123 pounds, blood pressure 123/65, pulse 49, and respirations 16. The request for a wheelchair evaluation for the forearm extension of each side or new wheelchair was made. The progress notes indicated that the patient was certified for a wheelchair evaluation for a forearm extension of each side on 11/7/14. The diagnosis is healed fracture of the right femur, right shoulder pain, skin breakdown, and immobility to get to the bathroom. Treatment to date: multiple surgeries, work restrictions, PT, DME, and mediations. An adverse determination was received on 11/7/14 given that it was not possible to recommend a specific wheelchair until the patient undergoes the requested wheelchair evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

New 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) Knee & Leg, 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) Ankle and Foot Chapter: Wheelchair

Decision rationale: CA MTUS does not address this issue. ODG recommends a manual wheelchair if the patient requires and will use a wheelchair to move around in their residence, and it is prescribed by a physician. The progress notes indicated that the patient was certified for a wheelchair evaluation for forearm extension of each side on 11/7/14. However, the evaluation letter was not available for the review. In addition, there is no rationale about the necessity for a new wheelchair for the patient and it is not clear what kind of wheelchair was requested. Therefore, the request for a new wheelchair was not medically necessary.