

Case Number:	CM14-0218567		
Date Assigned:	02/12/2015	Date of Injury:	09/26/2013
Decision Date:	07/09/2015	UR Denial Date:	12/01/2014
Priority:	Standard	Application Received:	12/30/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Orthopedic Surgery

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 39-year-old female, who sustained an industrial/work injury on 9/26/13. She reported initial complaints of leg pain with fall. The injured worker was diagnosed as having contusion of the lower left leg, tarsal tunnel syndrome, contracture of tendon sheath and left saphenous nerve neuritis. Treatment to date has included medications, physical therapy, podiatry consult with Velcro shoe, sympathetic nerve block (9/25/14), electrical stimulation, and job modification. MRI results were reported on 3/4/14 and reported no anomalies, cysts, or arthritic changes that lead to tarsal tunnel syndrome. Electromyography and nerve conduction velocity test (EMG/NCV) was performed demonstrating negative results. X-Rays results were reported on 10/16/13 was negative for fracture or focal soft tissue swelling. Currently, the injured worker complains of left foot pain. Per the primary physician's progress report (PR-2) on 11/17/14, there was improvement since prior visit with more comfort in wearing a shoe. Standing and walking remained limited after 30 minutes. Examination noted hypersensitivity along the distribution of the posterior tibial nerve and extending to the plantar aspect of the foot. Tinel's sign was positive. There was no swelling. Crutches were used for ambulation. The requested treatments include post-op DME (durable medical equipment): wheelchair or scooter rental.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-op DME: Wheelchair or scooter rental for 12 weeks: 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 & Foot, Power mobility devices (PMDs).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, 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 11/17/14 of lack of ability to ambulate independently to warrant a wheelchair or scooter rental. Therefore, the determination is non-certification as it is not medically necessary.