

Case Number:	CM15-0102744		
Date Assigned:	06/05/2015	Date of Injury:	12/30/2004
Decision Date:	07/09/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/28/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative Medicine

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 66 year old female, who sustained an industrial injury on 12/30/04. The injured worker has complaints of left knee pain. The documentation noted that the injured worker has a very unstable knee and requires a seated walker for ambulation. She has a multidirectional instability and in a weight-bearing position, she goes into approximately 20 degrees of varus. The diagnoses have included knee, leg, ankle, and foot injury. Treatment to date has included norco; failed left knee replacement; X-rays revealed findings are consistent with lucency around the femoral and tibial components consistent with gross loosening; physical therapy; bracing and activity restriction. The documentation on 4/22/15 noted a request to replace wheelchair that it is too large and wide for the injured worker that she is 5'2 and her weight was 150 pounds.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Knee & Leg (updated 02/27/15) - Online Version Wheelchair.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Hoenig H, et al. Overview of geriatric rehabilitation: Program components and settings for rehabilitation. Topic 16852, version 9.0. Up-To-Date. Accessed 05/25/2015.

Decision rationale: The MTUS Guidelines are silent on this issue in this clinical situation. Mobility devices may be used for physical limitations affecting mobility, such as weakness, problems with balance, limited endurance, and/or sensory issues. Devices are intended to improve mobility and independence and to provide some protection against falls. However, there is limited research on the impact of these devices. Wheelchairs are needed when a person is unable to have weight on the legs or has a significant limitation with function. Some examples of a significant limitation include severe weakness in both legs and balance and coordination problems that are so severe a walker cannot be used. The submitted and reviewed documentation indicated the worker was experiencing pain the left knee. These records reported the worker was able to walk with a walker. There was no discussion describing any of the above situations, specifying how the worker was expected to benefit from the use of a wheelchair, or describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for a wheelchair is not medically necessary.