

Case Number:	CM15-0103188		
Date Assigned:	06/05/2015	Date of Injury:	11/05/2013
Decision Date:	07/10/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	05/29/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 40-year-old female who reported an industrial injury on 11/5/2013. Her diagnoses, and/or impressions, are noted to include "LT" sacroilitis; lumbar disc protrusion; and left knee mal-tracking patella, status-post left knee arthroscopy on 4/29/2015. No current imaging studies are noted. Her treatments have included surgery; use of crutches; medication management; and rest from work. The progress notes of 5/8/2015 reported a 9-day post-operative visit with complaints of left knee pain that was tolerated with medications; as well as nausea and vomiting with pain medications. Objective findings were noted to include mild left knee swelling with no warmth, erythema or signs of infection; a soft and non-tender calf; and positive patellar tenderness with no range-of-motion. The physician's requests for treatments were noted to include a 3 week, post-operative, rental of a wheel chair; because she lives along as was having difficulty with crutches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post op wheelchair rental times 3 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chronic Pain Treatment Guidelines.

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

Decision rationale: Regarding the request for a wheelchair, CA MTUS does not address the issue. ODG cites that a manual wheelchair is recommended if the patient requires and will use a wheelchair to move around in their residence. Within the documentation available for review, the provider notes that the patient is having difficulty with crutches, but there is no indication as to why the patient would be unable to utilize lesser assistive devices such as a walker given that a wheelchair is likely to accelerate deconditioning. In the absence of clarity regarding the above issues, the currently requested wheelchair is not medically necessary.