

<b>Case Number:</b>	CM15-0135181		
<b>Date Assigned:</b>	07/23/2015	<b>Date of Injury:</b>	05/26/2015
<b>Decision Date:</b>	08/25/2015	<b>UR Denial Date:</b>	06/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/13/2015

### 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: New York, Tennessee  
 Certification(s)/Specialty: Emergency 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 28 year old male, who sustained an industrial injury on 5/26/15. He has reported initial complaints of bilateral ankle injuries after falling off a ladder 14 feet and landing on both feet. The diagnoses have included left lateral malleolus fracture, left fibular fracture, and right talus fracture. Treatment to date has included medications, activity modifications, status post closed reduction and external fixation of both left and right ankles on 5/26/15, physical therapy, and home durable medical equipment. Currently, as per the physician progress note and history and physical dated 5/26/15, the injured worker complains of a fall off a ladder at work and landing on both feet. He was unable to bear weight after the fall and was brought to the emergency room. The diagnostic testing that was performed included x-rays of the bilateral ankles that revealed bilateral ankle fractures. The injured worker had closed reduction and external fixation of both left and right ankles on 5/26/15. The current medications included Ibuprofen as needed and aspirin. The physical exam reveals slight lower extremity edema with external fixators noted. The physical therapy evaluation dated 5/27/15 notes bilateral ankle external fixators with drainage from lateral aspect of right external fixator near the heel. The injured worker is non-weight bearing to the bilateral extremities. The equipment needs for home were noted. The physician requested treatment included Purchase of wheelchair with elevating leg rest.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Purchase of wheelchair with elevating leg rest: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, 13th edition, web, Knee & Leg.

**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, Wheelchair.

**Decision rationale:** Manual wheelchair is recommended if the patient requires and will use a wheelchair to move around in their residence, and it is prescribed by a physician. 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 the patient sustained bilateral leg fractures and is not able to bear weight on either leg. This is an injury from which the patient will recover. He will not need a wheelchair on a permanent basis. Therefore wheelchair rental rather than wheelchair purchase is recommended. The request should not be authorized.