

Case Number:	CM15-0147353		
Date Assigned:	08/10/2015	Date of Injury:	01/27/1995
Decision Date:	09/15/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/29/2015

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: Preventive Medicine, Occupational 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 74 year old female who sustained a work related injury January 27, 1995. According to a physician's notes, dated June 16, 2015, the injured worker presented with right anterior knee pain. Past history included a right total knee arthroplasty 1997, patellectomy and history of a fall down stairs injuring the right knee. She continues with anterior knee pain when walking, standing or driving. Her driving requirements have increased to care for her husband who cannot drive. An ultrasound of the right knee was performed , same day of visit, revealed mild knee joint effusion and diffuse tendinopathic changes with hypoechoic edema in the distal tendon and chronic tendinopathic changes in the mid substance of the tendon. Impressions are chronic patellar tendinopathy; status post total knee arthroplasty and patellectomy. At issue, is the request for a left foot accelerator to be installed in the injured workers car.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Foot Accelerator (to be installed in patient's car): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee, 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) Knee/Durable Medical Equipment and Other Medical Treatment Guidelines
<http://www.discovermymobility.com/store/drivingaids/lfa/index.html>.

Decision rationale: Guidelines do not directly address this issue. MTUS Guidelines in general do not address durable medical equipment. ODG Guideline addresses this issue, but considers durable medical equipment to be limited to home use. The requested left sided pedal accelerator is a fairly inexpensive simple device that utilizes a left pedal and bar to apply pressure to a right sided pedal. This patients objective medical findings supports the fact that driving with right sided knee pressure would be medically expected to be uncomfortable and limiting. Under these circumstances, the requested Left Foot Accelerator (to be installed in patient's car) is not contrary to any Guideline recommendations and appears reasonable to meet the legislated mandate of reasonable treatment to "cure and relieve". This device is medically necessary and appropriate.