

Case Number:	CM15-0202877		
Date Assigned:	10/19/2015	Date of Injury:	05/07/1999
Decision Date:	12/04/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	10/15/2015

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: Arizona, Texas

Certification(s)/Specialty: Internal 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 62 year old male, who sustained an industrial injury on 5-7-99. The injured worker was diagnosed as having lumbar spinal stenosis. Treatment to date has included physical therapy; medications. Currently, the PR-2 notes-letter dated 9-3-15 indicated the injured worker underwent a right knee explanation of a right total knee arthroplasty, irrigation and debridement and placement of antibiotic spacer on 8-26-15. This was due to the right total knee arthroplasty infection. No further medical documentation was included on this note. A letter from the provider dated 9-3-15 is titled "Assessment - Order for High Powered Electric Wheelchair". The notes by the provider indicated the injured worker has mobility limitations that impair the injured workers ability to complete "MRADLs" such as toileting, bathing, grooming, in the home. The provider notes the injured worker is unable to use a cane or a walker due to bilateral upper extremity weakness-decreased range of motion fatigue, unsteady gait, knee pain-stiffness-weakness, increased risk of fall with use of cane-walker, multiple musculoskeletal problems. The provider continues his documentation The patient is unable to use an optimally configured wheelchair due to upper extremity weakness and fatigue. Patient is unable to propel a manual wheelchair due to onset of fatigue with minimal upper extremity exercise. Patient is unable to use a scooter due to upper extremity fatigue and weakness. Patient requires a high powered wheelchair. He lacks the upper body strength and mobility to function an optimally configured manual wheelchair. He is functionally capable mentally and physically to safely operative a high powered electric wheelchair. A PR-2 note dated 8-6-15 indicated the injured worker was in the office as a follow-up for his right knee pain. The provider documents He has

a history of a failed right total knee arthroplasty with multiple right knee arthroplasty revisions surgeries, 11-14-13 and 1-27-14. He has a history of a right knee infection. He was last seen by a surgeon 7-29-15 at which time there was concern for right knee prosthesis infection and T99 bone scan was ordered. The T99 bone scan was performed on 8-3-15 which showed evidence of possible right knee infection-prosthesis loosening. He denies fever and chills but does report recent night sweats. The pain is constant: 7 out of 10 pain most of the time, the level of pain does not fluctuate depending on level of activity. The pain is worst with standing, walking, and palpation. He is wheelchair bound at this point due to severity of pain on standing. Associated symptoms are stiffness, swelling, increased warmth, redness, limping. He is not currently on antibiotics. He also has a history of right carpal tunnel syndrome and left shoulder traumatic arthritis with bilateral upper extremity weakness and fatigue. He requires a motorized scooter as he is not able to propel himself with a standard wheelchair. On physical examination, the provider notes "He is sitting in a wheelchair. He is unable to stand due to severe right knee pain. The right knee demonstrates a moderate effusion with swelling diffusely, there is increased warmth and erythema noted. There is diffuse tenderness noted about the knee. Range of motion is limited to 0-60 with pain on flexion. Guarding noted." On this date, the provider aspirated the right knee for 10cc of fluid to be sent to the lab to test for infection. Pending results, the provider may need to start antibiotics and a revision surgery. A Request for Authorization is dated 10-14-15. A Utilization Review letter is dated 9-17-15 and non-certification for One high powered motorized electric wheelchair. A request for authorization has been received for One high powered motorized electric wheelchair.

IMR ISSUES, DECISIONS AND RATIONALES

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

One high powered motorized electric 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 (ODG), Knee & Leg (Acute & Chronic): Power mobility devices (PMDs) (2105).

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

Decision rationale: According to the ODG guidelines, a motorized wheelchair is not recommended if the functional mobility deficit can be sufficiently resolved by the prescription of a cane or walker, or the patient has sufficient upper extremity function to propel a manual wheelchair, or there is a caregiver who is available, willing and able to provide assistance with a manual wheelchair. In this case the injured worker has chronic knee pain but is able to accomplish his own ADLs and lives with family who is able to assist him when needed. The criteria have not been met to qualify for a motorized wheelchair. The request is not medically necessary.