

Case Number:	CM15-0207477		
Date Assigned:	10/26/2015	Date of Injury:	07/09/2012
Decision Date:	12/14/2015	UR Denial Date:	10/14/2015
Priority:	Standard	Application Received:	10/22/2015

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

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 60 year old female, who sustained an industrial injury on July 09, 2012. The injured worker was diagnosed as having status post right knee surgery, right knee sprain, depression, oblique tear of the posterior horn of the medial meniscus of the right knee, sprain of the anterior cruciate ligament, lumbar strain, lumbar radiculitis, and rule out cauda equina syndrome. Treatment and diagnostic studies to date has included home exercise program, medication regimen, above noted procedure and at least 3 viscosupplementation injections to the right knee. In a progress note dated September 16, 2015 the treating physician reports complaints of continued pain to the right leg, right knee, right ankle, and the right foot. Examination performed on September 16, 2015 was revealing for "mild" pain with heel to toe ambulation, tenderness to the lumbar four to five and the bilateral posterior, superior iliac spine, decreased range of motion to the lumbosacral spine with pain, pain with straight leg raises along with tightness to the low back and hamstring, crepitus to the right knee, effusion to the right knee, hyperextension and numbness to the right knee, and tenderness to the medial and lateral joint line of the right knee. The injured worker's pain level on September 16, 2015 was rated a 5 on a scale of 0 to 10. The treating physician requested an electric wheelchair, but the documentation did not indicate the specific reason for the equipment. On October 14, 2015 the Utilization Review denied the request for an electric wheelchair.

IMR ISSUES, DECISIONS AND RATIONALES

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

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, Knee and Leg - Acute and Chronic, Power Mobility Devices.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Power mobility devices (PMDs).

Decision rationale: The patient presents with pain in the right leg with pain in the right knee as well as right ankle and right foot. The request is for ELECTRIC WHEELCHAIR. The request for authorization form is not provided. Patient's diagnoses include s/p right knee surgery; right knee sprain; depression; oblique tear of the posterior horn of the medial meniscus (fight knee); sprain of the anterior cruciate ligament; lumbar strain; lumbar radiculitis; rule out cauda equina syndrome. Physical examination of the lumbosacral spine reveals the patient's gait pattern is normal. Heel and toe ambulation is mildly painful. There is tenderness noted at L4-L5 on deep palpation as well as bilateral posterior, superior iliac spine. Patient can flex to mid patella, but after that it is painful, extension is somewhat restricted and painful. Straight leg raise test is causing hamstring tightness as well as low back pain. Exam of right knee reveals the patient's gait pattern is normal, full weight-bearing on the lower extremity. The knee shows no true suprapatellar swelling. Well-healed surgical portals from the previous surgery of the right knee, slight tender to touch in medial joint line as well as lateral joint line. Patellofemoral crepitus is positive, slight effusion is also positive. The patient is complaining of hyperextension and numbness noticed on lateral side of the right knee. The range of motion is unrestricted from full extension to 150 degrees of flexion with no crepitus in the patellofemoral joint. The patella tracks normally. There is slight tenderness noted at the medial joint line as well as lateral joint line. Cruciate function of the knee is intact with a negative anterior and posterior drawer sign and a negative Lachman maneuver. Gross stability of the knee is satisfactory at full extension and 30 degrees of flexion to varus stress testing. The patient states that he had injection done and had felt some improvement with the injections. The patient will continue home exercise program to tolerance. Per progress report dated 09/16/15, the patient has settled her case with open future medical care. MTUS Chronic Pain Medical Treatment Guidelines, page 99, under Power mobility devices (PMDs) states "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. Early exercise, mobilization and independence should be encouraged at all steps of the injury recovery process, and if there is any mobility with canes or other assistive devices, a motorized scooter is not essential to care." Treater does not discuss the request. In this case, the patient lower extremity pain. However, physical exam findings indicate that the patient's gait pattern is normal, full weight-bearing on the lower extremity. The treater does not explain why the patient's ambulation difficulties cannot be overcome with a cane or a walker. And there is no explanation as to why the patient would not be able to propel a standard wheelchair. Furthermore, there is no discussion or documentation of upper extremity deficits. Therefore, the request IS NOT medically necessary.