

Case Number:	CM15-0030306		
Date Assigned:	02/23/2015	Date of Injury:	08/25/1999
Decision Date:	04/02/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	02/18/2015

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: Indiana

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 63 year old female who sustained a work related injury on August 25, 1999. There was no mechanism of injury documented. According to the review the injured worker underwent two right knee replacement surgeries. No dates were documented. According to the primary treating physician's progress report on January 16, 2015 the patient continues to experience bilateral knee pain. Documentation noted the injured worker is able to care for herself but has difficulty with walking. There was no documentation of assistive devices in use. Bilateral upper extremities were without deficits. On examination the right knee was noted to have swelling, a tender joint line and pain with decreased flexion. Current medications are listed as Cymbalta, Oxycodone, OxyContin, Miralax and Prevacid. Treatment modalities were not listed. The injured worker is Permanent & Stationary (P&S). The treating physician requested authorization for 1 motorized wheelchair for purchase. On February 4, 2015 the Utilization Review denied certification for 1 motorized wheelchair for purchase. According to the Utilization Review the Medical Treatment Utilization Schedule (MTUS) does not make recommendations on this request, therefore the Official Disability Guidelines (ODG) was utilized the decision process.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 motorized wheelchair for purchase: 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).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Motility Devices Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee; Powered Mobility Devices.

Decision rationale: The chronic pain guidelines state the following regarding motorized wheel chairs: "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." Additionally, ODG comments on motorized wheelchairs and says the following: "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. (CMS, 2006) 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." From the medical notes, it is clear that she is able to hold onto objects and get around her house. There is no medical documentation that the patient does not have sufficient upper extremity strength to propel a manual wheelchair or that there is no caregiver available. Therefore, the request for a motorized wheelchair is not medically necessary.