MAXIMUS Federal Services

Case Number:	CM15-0035301		
Date Assigned:	03/03/2015	Date of Injury:	06/14/2011
Decision Date:	04/08/2015	UR Denial Date:	01/29/2015
Priority:	Standard	Application Received:	02/25/2015

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, California
Certification(s)/Specialty: Family Practice

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 31-year-old female, who sustained an industrial injury on 6/14/2011. The diagnoses have included persistent knee patellar instability. She underwent a medial quadriceps advancement Maquet procedure on 2/08/2012, manipulation under anesthesia on 10/03/2012, arthroscopy with synovectomy, lysis of adhesions and removal of hardware on 3/13/2013, arthrosurfacing and patellofemoral replacement on 11/11/2013 and arthroscopic partial synovectomy, lateral release and patellofemoral reconstruction on 7/24/2014. Treatment to date has also included injections and medications. Currently, the IW complains of feeling generally unwell. Physical examination documents that her leg looks excellent; her patellar stability is quite good. Her arthroscopic staples were taken out. On 1/29/2015, Utilization Review non-certified a request for an electric wheelchair/scooter noting that the clinical information submitted for review fails to meet the evidence based guidelines for the requested service. The ODG was cited. On 2/25/2015, the injured worker submitted an application for IMR for review of electric wheelchair/scooter.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electric Wheelchair/Scooter: 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), Treatment Index, 13th Edition (web), 2015, Knee, Power mobility devices (PMDs).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG- Knee chapter- powered mobility devices and pg 56.

Decision rationale: According to the guidelines, powered mobility devices are 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, all the prior and most recent examinations do not indicate the inability to use her upper extremities. There is no indication of difficulties with a manual wheelchair. The request for an electric wheelchair is not medically necessary.