

Case Number:	CM15-0039864		
Date Assigned:	03/10/2015	Date of Injury:	06/18/2008
Decision Date:	04/13/2015	UR Denial Date:	02/09/2015
Priority:	Standard	Application Received:	03/03/2015

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:

This 50 year old male sustained an industrial injury to the left knee and right shoulder on 6/18/08. The injured worker underwent left knee arthroplasty on 9/10/10. Postoperatively, the injured worker developed a left knee infection. The arthroplasty was resected and a left total knee revision was eventually performed with subsequent repeat infection. In September 2014, the injured worker developed swelling and redness to the knee again. The injured worker underwent excision arthroplasty with placement of a cement spacer on 10/1/14 followed by a course of antibiotics and antifungals. In a visit note dated 1/30/15, the physician noted that the injured worker's wound was clean, with left leg with chronic venous changes without swelling. X-rays showed cement spacer in good position. The treatment plan included ongoing oral antifungal and a request for a service dog and an electric scooter for ambulation. In a progress note dated 12/18/14, the physician noted the injured worker did not have enough tissue to think about another prosthesis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Service Dog: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 55.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Knee complaints Page(s): 333.

Decision rationale: According to the guidelines, the physician should seek objective evidence of pathology that is consistent with the patient's subjective complaints. In this case, there is no objective evidence or exam findings that would indicate the necessity of a service dog. The claimant was not blind. The request for a service dogs is not justified and not medically necessary.

Purchase of Electric Scooter: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Power mobility devices (PMDs) Page(s): 99.

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

Decision rationale: According to the guidelines, an electric 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, there was no indication of inability to use the upper extremity or manual wheelchair. The claimant is actually able to walk with a limp. As a result, the request for an electric wheelchair is not medically necessary.