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| Case Number: | CM15-0089117 | | |
| Date Assigned: | 05/13/2015 | Date of Injury: | 02/29/2000 |
| Decision Date: | 06/15/2015 | UR Denial Date: | 04/29/2015 |
| Priority: | Standard | Application Received: | 05/08/2015 |

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 64 year old male injured worker suffered an industrial injury on 02/29/2000. The diagnoses included multiple hand surgeries, plantar fasciitis, lumbar spine sprain/strain with degenerative disc disease, left knee internal derangement with arthroscopy x 2, and tendonitis of the right knee. On 3/23/2015 the treating provider reported that the old wheelchair is broken, wheels were worn out, the chair was ripping, the arm rest was worn out, the brakes won't work and the foot rest was loose. The treatment plan included (2) new wheelchairs with new knee supports.

IMR ISSUES, DECISIONS AND RATIONALES

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

Two (2) new wheelchairs with new knee supports for the cervical spine and bilateral knees:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints.

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

Decision rationale: The claimant has a remote history of a work-related injury and continues to be treated for bilateral knee and chronic radiating neck and low back pain. When seen, he was using a cane, wheelchair, and scooter for mobility. He was in a scooter but able to transfer and walk to the examination table with only mild difficulty. A manual wheelchair can be recommended if the patient requires and will use a wheelchair to move around in their residence. In this case, the claimant is able to use a cane for mobility that would be expected to meet his basic activities of daily living needs. The medical necessity of a wheelchair is not established. Additionally, there would be no need to request two wheelchairs. The request is not medically necessary.