

Case Number:	CM14-0167992		
Date Assigned:	10/15/2014	Date of Injury:	08/22/2014
Decision Date:	11/18/2014	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	10/13/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and Pain Management, has a subspecialty in Interventional Spine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 57 year old with an injury date on 8/22/14. Patient complains of continuing right leg pain with spasm that have improved since surgery, and new back pain from lying on her back in bed per 8/22/14 report. Patient also reports improved pain relief from medications, and occasional nausea/constipation from medication per 8/22/14 report. Based on the 9/12/14 progress report provided by [REDACTED] the diagnoses are: 1. fractured right leg tibia/fibular 2. s/p ORIF of right ankle on 9/2/14 Exam on 9/12/14 showed "surgical site is healing well. Right ankle wrapped in acep wrap and walking boot. No range of motion testing provided." [REDACTED] is requesting light wheel chair with elevating leg rests and 6 more months, and turning leg caddy x 6 more months. The utilization review determination being challenged is dated 10/1/14 and modifies both wheelchair and turning caddy use to 2.5 more months. [REDACTED] is the requesting provider, and he provided treatment reports from 8/22/14 to 9/30/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lightweight wheelchair with elevating leg rests x 6 more months: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Wheelchair

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Power mobility devices (PMDs) Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter on Knee, Wheelchair

Decision rationale: This patient presents with right leg pain and is s/p right ankle ORIF from 9/2/14. The treating physician has asked for light wheel chair with elevating leg rests and 6 more months on 9/12/14. Regarding wheelchairs, ODG recommends if the patient requires and will use a wheelchair to move around in their residence, and it is prescribed by a physician. Regarding fracture of tibia/fibular, MTUS postsurgical guidelines gives the medicine treatment period of 6 months. In this case, the patient is 10 days post Open Reduction Internal Fixation (ORIF) and a wheelchair is reasonable for patient's condition. The requested light wheel chair with elevating leg rests and 6 more months is indicated in this case. The request is medically necessary and appropriate.

Turning leg caddy x 6 more months: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Walking Aids

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Aetna Policy Bulletin 0505: Ambulatory Assist Devices: Walkers, Canes, and Crutches

Decision rationale: This patient presents with right leg pain and is s/p right ankle Open Reduction Internal Fixation (ORIF) from 9/2/14. The treating physician has asked for turning leg caddy x 6 more months on 9/12/14. According to Aetna Policy Bulletin, a Turning Leg Caddy Knee Walker is considered medically necessary DME where a member cannot use crutches, standard walkers or other standard ambulatory assist devices (e.g., a member with an injured foot cannot use crutches because he/she has only 1 arm). In this case, the treating physician does not provide documentation that patient will be unable to use crutches, standard walker, or other ambulatory assist devices. It is not known why a turning caddy would be necessary when patient does not have any conditions precluding use of both arms. The requested turning leg caddy x 6 more months is not medically necessary at this time. The request is not medically necessary and appropriate.