

<b>Case Number:</b>	CM14-0113269		
<b>Date Assigned:</b>	11/26/2014	<b>Date of Injury:</b>	01/21/2014
<b>Decision Date:</b>	01/12/2015	<b>UR Denial Date:</b>	06/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/21/2014

### 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 has a subspecialty in Pain Medicine 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:

This is a male patient with a date of injury of January 21, 2014. A utilization review termination dated June 26, 2014 recommends non-certification of elevating leg rest for purchase and wheelchair for purchase. A progress note dated June 10, 2014 identified subjective complaints of cellulitis of the left foot, the patient reports that he is doing about the same, he is having trouble sleeping, and he has spasms that shoot up his legs. His current pain level is a 7/10. The physical examination identifies that the patient is limping and the remaining physical examination is illegible. The diagnoses include left leg cellulitis and status post-surgery. The treatment plan recommends Motrin 800 mg, Vicodin, and gait training.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Wheelchair for purchase:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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 Chapter, Wheelchair

**Decision rationale:** Regarding the request for a wheelchair for purchase, ODG recommends a manual wheelchair if the patient requires and will use a wheelchair to move around in their residence, and it is prescribed by a physician. Elevating largest option recommended if the patient has a cast, brace or musculoskeletal condition, which prevents 90-degree flexion of the knee, or has significant edema of the lower extremities. Within the information made available for review, there are no subjective reports or physician statement indicating that the patient requires a wheelchair to move around his residence. In the absence of such documentation, the currently requested wheelchair for purchase is not medically necessary.

**Elevating Leg rest for purchase:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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 Chapter, Wheelchair

**Decision rationale:** Regarding the request for elevating leg rest for purchase, ODG recommends a manual wheelchair if the patient requires and will use a wheelchair to move around in their residence, and it is prescribed by a physician. Elevating largest option recommended if the patient has a cast, brace or musculoskeletal condition, which prevents 90-degree flexion of the knee, or has significant edema of the lower extremities. Within the information made available for review, there are no subjective reports or physician statement indicating that the patient requires a wheelchair to move around his residence. Furthermore, there is no clear indication that the patient has a cast, brace or musculoskeletal condition, which prevents 90-degree flexion of the knee, or has significant edema of the lower extremities. In the absence of such documentation, the currently requested elevating leg rest for purchase is not medically necessary.