

Case Number:	CM14-0193930		
Date Assigned:	12/01/2014	Date of Injury:	09/23/2007
Decision Date:	01/16/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	11/19/2014

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 Family Medicine, and is licensed to practice in California & Texas. 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 64 year old female patient who sustained a work related injury on 9/23/2007. The exact mechanism of injury was not specified in the records provided. The current diagnoses include RSD of the lower limb, chronic pain, left BKA and obesity. Traumatic amputation of leg(s) below knee. Per the doctor's note dated 10/29/2014, patient has complaints of pain on the legs at 6-8/10 and difficulty in ambulating with use of a crutch. Physical examination of the right knee revealed mild effusion, patchy erythema of the distal leg, onychomycosis of the nails, callus of the medial plantar feet, mild edema on the distal right leg, crepitation noted on range of motion of the right knee; decreased flexion of the right knee 95 and right hip extension due to pain and tightness, moderate to severe tenderness of the right knee joint and entire leg. Physical examination of the left knee revealed edema on the distal stump of the transtibial amputation, no open skin, erythema and with violaceous discoloration of the distal left leg mainly below the knee, decreased flexion 90 and hip flexion due to pain and tightness, moderate to severe tenderness throughout the left leg, allodynia throughout the lower extremities. Strength of bilateral lower extremity muscle groups was 4/5 except for left knee flexors and extensors which were graded 4-/5, allodynia throughout the lower extremities mainly distally, reflexes normal bilaterally. The patient has impaired ambulation and was starting to develop arthritis in the right leg. The current medication lists include tramadol. The patient's surgical history includes underwent sympathectomy in 1978. The patient has received an unspecified number of the PT visits for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Power wheelchair: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Power mobility devices (PMDs) Power mobility devices (PMDs) Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (updated 10/27/14) Wheelchair

Decision rationale: The current diagnoses include RSD of the lower limb, chronic pain, left BKA and obesity Traumatic amputation of leg(s) below knee. Per the doctor's note dated 10/29/2014, patient has complaints of pain on the legs at 6-8/10 and difficulty in ambulating with use of a crutch Physical examination of the right knee revealed mild effusion, patchy erythema of the distal leg, crepitation noted on range of motion of the right knee; decreased flexion of the right knee 95 and right hip extension due to pain and tightness, moderate to severe tenderness of the right knee joint and entire leg. Physical examination of the left knee revealed edema on the distal stump of the transtibial amputation, no open skin, erythema and with violate discoloration of the distal left leg mainly below the knee, decreased flexion 90 and hip flexion due to pain and tightness, moderate to severe tenderness throughout the left leg, allodynia throughout the lower extremities. The patient has impaired ambulation (due to amputation of the left leg) and was starting to develop arthritis in the right leg. The request for Power wheelchair is medically necessary and appropriate in this patient due to the history of amputation in the left leg and arthritis in the right leg and difficulty ambulating with crutches.