

Case Number:	CM14-0211033		
Date Assigned:	12/23/2014	Date of Injury:	09/01/2001
Decision Date:	02/27/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	12/15/2014

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. 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: California

Certification(s)/Specialty: Physical Medicine & Rehabn

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 71 year old male with an injury date of 09/01/01. Based on the 08/23/14 progress report provided by treating physician, the patient complains of bilateral knee and low back pain. The patient injured his right leg, ankle and knee in 1983 and is status post right knee arthroscopic surgery 1984. The patient injured left knee and had arthroscopic surgery. The patient injured his back in 2001 and was treated with injections, meds, therapy and injections. The patient has abnormal gait. Physical examination to the right knee on 08/23/14 revealed medial joint line tenderness. Swelling at medial and lateral side with effusion and warm to touch. Painful knee flexion. Examination to the left knee revealed medial joint line tenderness. Swelling and tenderness at lateral side and moderate tenderness at medial side. Examination to the lumbar spine revealed paraspinal spasm and tenderness over L3, L4, L5, and SI joints bilaterally. Range of motion reduced 75%. Sensory, Motor and Deep Tendon Reflexes revealed abnormal findings with reduced response and weakness to the lower extremities. Patient has history of fractured right tibia, date unspecified. Patient's medications include Hydrocodone, Nucynta, Lidoderm, Pristiq, Pennsaid, and Vicodin. Treater states in progress report dated 08/23/14, under Impression that patient presents with "bilateral knee arthritis needing replacement" and "chronic low back pain with severe spinal stenosis." The patient is disabled. The utilization review determination being challenged is dated 12/03/14. The rationale is "The medical records do not assess at this time whether the patient can use a cane or walker, or a manual wheelchair..." Treatment reports were provided from 02/05/14 - 08/23/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of vehicle lift and power wheelchair repairs, as an outpatient: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Treatment in Workers' Compensation (TWC), Knee, Power Mobility Devices

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Power Mobility Devices Page(s): 99.

Decision rationale: Power Mobility Devices under MTUS Chronic Pain Guidelines pg. 99 states, "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. Early exercise, mobilization and independence should be encouraged at all steps of the injury recovery process, and if there is any mobility with canes or other assistive devices, a motorized scooter is not essential to care." The treater has not provided reason for the request. Instead, the requesting physician states under Impression section of progress report dated 08/23/14, that patient presents with "bilateral knee arthritis needing replacement" and "chronic low back pain with severe spinal stenosis." UR letter dated 12/03/14 states "The medical records do not assess at this time whether the patient can use a cane or walker, or a manual wheelchair..." Review of the reports do not show that the patient is unable ambulate with the aid of walker or a cane. There is no evidence of upper extremity problems to not be able to use a manual wheelchair if unable to ambulate. The request is not medically necessary.