

Case Number:	CM14-0214908		
Date Assigned:	01/02/2015	Date of Injury:	09/03/1992
Decision Date:	02/23/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/23/2014

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, Indiana, New York
 Certification(s)/Specialty: Internal Medicine

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 injured worker (IW) is a 73-year-old woman with a date of injury of September 3, 1992. The mechanism of injury is not documented in the medical record. The injured worker's working diagnoses are status post L3-L5 decompression and fusion at L4-L5 in 1992; status post right knee TKA in 1998 with revision in 2000; left knee (-illegible). The remainder of the diagnoses are illegible. Pursuant to the progress note dated October 21, 2014, the IW was noted to have undergone two previous right total knee arthroplasties with failure. The initial procedure was in 1988 with revision in 2000 for wear and pain. She began to have significant pain 5 months earlier and was made non-weight bearing by the original surgeon. She was using a walker. She also had moderately severe left knee pain. Gait was reported to be normal. Objectively, left lateral joint tenderness was noted. There was no deformity. Range of motion was 5 to 95 degrees bilaterally. Strength was rated 5/5 bilaterally. Quadriceps atrophy was present bilaterally. X-rays showed right total knee arthroplasty with subsidence and radiolucent lined about the tibial component with scalloping and endosteal ostial lysis. X-ray of the left knee dated October 21, 2014 showed severe lateral and patellofemoral compartment degenerative arthritis with effusion, joint space obliteration, and intraarticular loose bodies. The recommendation was for revision of the arthroplasty. MRI dated August 30, 2014 had shown the lucency next to the tibial component. Pursuant to the handwritten, largely illegible progress report dated November 12, 2014, the provider noted loosening of the tibial compartment in the right knee, and left knee degenerative joint disease. He also noted prior lumbar surgery, and that she ambulates with a seated walker. In September of 2014, the treating physician requested a wheelchair for 6 months

rental. This was approved for 2 months, which is now expiring. The treatment plan is for revision of right total knee arthroplasty. The current request is for extension of wheelchair rental for six months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extension of Wheelchair Rental for Six 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 (ODG), Knee and Leg Chapter, Wheelchair

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back Section, Wheelchair

Decision rationale: Pursuant to the Official Disability Guidelines, extension wheelchair rental six months is not medically necessary. The manual wheelchair is recommended if the patient requires and we use a wheelchair to move around their residence and it is prescribed by a physician. A lightweight wheelchair is recommended if the patient cannot adequately self propel in a standard weight manual wheelchair and the patient would be able to self-propelled in a lightweight chair. In this case, the injured worker's working diagnoses are status post L3-L5 decompression and fusion at L4-L5 in 1992; status post right knee TKA in 1998 with revision in 2000; left knee (-illegible). The documentation is unclear as to the need/indication for the wheelchair. The injured worker was recently approved for two months. The documentation indicates the treatment plans for revision of right totally arthroplasty. There is no scheduled date for surgery and the injured worker is able to ambulate with a seated walker. Following surgery, injured worker should begin weight bearing as tolerated and it is unclear from the documentation whether this will exceed six months in duration. Consequently, absent additional clinical information with date of surgery and ability to ambulate post surgery, manual wheelchair extension rental six months is not medically necessary.