

Case Number:	CM14-0039948		
Date Assigned:	06/27/2014	Date of Injury:	06/07/2000
Decision Date:	03/20/2015	UR Denial Date:	03/26/2014
Priority:	Standard	Application Received:	04/04/2014

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: Preventive Medicine, Occupational 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 is a 69 year old male who sustained an industrial injury on June 7, 2000. He has had some surgery to the right foot due to a fracture and has been diagnosed with chronic preulcerative lesion on the plantar aspect, right foot, severe malformed feet bilaterally, and soft tissue mass, left foot. Treatment has included surgery and pain management. Currently the injured worker developed a charcot foot deformity on the contralateral side and a soft tissue prominence in the medial aspect of the left foot. Possible amputation has been discussed. The treatment plan included a wheelchair. On March 26, 2014 Utilization Review non certified purchase hoveround electric wheelchair citing the peer review guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase Hoveround Electric Wheelchair: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ankle and Foot Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee

Decision rationale: MTUS Guidelines do not address this issue. This issue is addressed in detail in the knee section of ODG Guidelines. The medical necessity of a powered wheel chair is well documented with the presence of upper extremity weakness and the inability to ambulate for any significant distance due to severe bilateral foot problems. The request for the purchase of a Hoeverround Electric Wheelchair is supported by Guidelines and is medically necessary.