

Case Number:	CM15-0002062		
Date Assigned:	01/13/2015	Date of Injury:	03/11/2007
Decision Date:	03/13/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	01/06/2015

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, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 59-year-old female who reported injury on 03/11/2007. The mechanism of injury was reported as repetitive kneeling, bending and lifting. Her diagnoses were noted as bilateral knee osteoarthritis; and bilateral chondromalacia patella, left worse than right. Past treatments were noted to include surgery, H-wave unit, medication, heat, ice packs, elevation, activity modification and rest. Her diagnostic studies were noted to include an MRI of the lumbar spine, performed on 12/17/2010, which was noted to reveal a 2 mm left paracentral protrusion of the L3-4 disc. Her surgical history was not provided. During the assessment, on 11/12/2014, the injured worker complained of knee pain. She described the pain as moderate and indicated that the pain radiated to the lower back, buttock, hip and leg. She indicated that the symptoms included clicking, locking, burning, popping, grinding, stiffness, stabbing, weakness, catching, warmth in area, giving way and tenderness. She rated the pain an 8/10. The physical examination of the knees revealed varus deformity. She had a mild to moderately antalgic gait. The medial joint was tender bilaterally. Her medications were noted to include Celebrex, dose and frequency was not provided. The treatment plan was to request a wheelchair, cortisone injections, Celebrex and continued use of H-wave unit. The rationale for the request was to aid the injured worker in ambulation because of her deformity, pain and difficulty walking prolonged distances. The Request for Authorization form was not submitted for review.

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 base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Wheelchair.

Decision rationale: The request for a wheelchair for purchase is not medically necessary. The Official Disability Guidelines recommend 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. The clinical documentation indicated that the request for a wheelchair was medically indicated because of the injured worker's deformity and pain. It was also indicated that the patient would have difficulty walking a prolonged distance; however, the physical examination did not reveal the injured worker's current range of motion or motor strength which would further indicate the injured worker's possible necessity for a wheelchair. There was no indication that the patient could not ambulate without the use of a wheelchair. Given the above, the request is not medically necessary.