

Case Number:	CM15-0111520		
Date Assigned:	06/18/2015	Date of Injury:	11/08/2013
Decision Date:	09/25/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	06/09/2015

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: New Jersey

Certification(s)/Specialty: Family Practice

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 44-year-old male who sustained an industrial injury on 11-08-2013. There was no mechanism of injury documented. The injured worker was diagnosed with bilateral above the knee amputations and depression. The injured worker is status post bilateral above the knee amputations (no date documented). Treatment to date has included diagnostic testing, surgery, physical therapy, ambulatory devices, prosthetic devices and adjustments, psychological counseling, power belt, gym and medications. According to the primary treating physician's progress report on March 17, 2015, the injured worker continues to progress with weight bearing and ambulation using a wheeled walker and razor scooter. The injured worker continues to have adjustments to the sockets. Examination demonstrated full range of motion of the bilateral hips. There was no skin breakdown. Sensation, motor and vascular evaluations were intact. Current medications were not documented. Treatment plan consists of prosthetic adjustments, continuing with physical therapy for gait training, home exercise program, gym, belts with exercise activity and the current request for a small wheelchair purchase.

IMR ISSUES, DECISIONS AND RATIONALES

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

Small wheelchair, purchase (unspecified): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Knee & Leg chapter - Wheelchair, Power Mobility Devices (PMDs); Medicare guidelines on criteria for electric scooters.

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

Decision rationale: The MTUS is silent regarding wheelchair use. The ODG, however, states that a manual wheelchair is recommended if the patient requires and will use a wheelchair to move around in their residence, and it is prescribed by a physician. If the worker is able to walk with assistance from a cane or walker successfully, then these should be used rather than a wheelchair. In the case of this worker, the wheelchair was requested for this worker "for mobility due to limited walking tolerance" according to the notes provided for review. Upon further review of the documents provided, there was already a record of having a wheelchair approved. If this request is to replace the existing wheelchair with one that is smaller, there was insufficient explanation to justify this request. Also, the worker is progressing with physical therapy with the walker. Therefore, the request for a small wheelchair will be considered medically unnecessary at this time.