

<b>Case Number:</b>	CM15-0120513		
<b>Date Assigned:</b>	07/01/2015	<b>Date of Injury:</b>	08/03/2013
<b>Decision Date:</b>	07/30/2015	<b>UR Denial Date:</b>	06/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/22/2015

### 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: North Carolina

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:

This 24 year old man sustained an industrial injury on 6/3/2013. The mechanism of injury is not detailed. Diagnoses include post-traumatic stress disorder, phantom limb pain, muscle weakness, laxity of ligament, below the knee amputation, lateral and medial meniscus tears in knee, fracture of the tibia plateau, and pressure ulcer. Treatment has included oral and topical medications and prosthesis and wheelchair. Physician notes dated 5/20/2015 show complaints of left below the knee amputation with pain rated 6/10, right ankle, and low back pain. Recommendations include new prosthesis, new streamlined wheelchair, nutritionist consultation, Norco, Tramadol, Butrans patch, Neurontin. Elavil, and follow up in two to three weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Durable medical equipment: Streamlined wheelchair (i.e. Quickie):** Overturned

**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, Wheelchair.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, durable medical equipment.

**Decision rationale:** The California MTUS and the ACOEM do not specifically address the requested item. Per the Official Disability Guidelines section on durable medical equipment, DME is primarily and customarily used to serve a medical purpose and generally not useful to a person in the absence of illness or injury. DME equipment is defined as equipment that can withstand repeated use i.e can be rented and used by successive patients, primarily serves a medical function and is appropriate for use in a patient's home. A review of the provided clinical documentations shows the request meets criteria as listed above. Therefore the request is medically necessary.