MAXIMUS Federal Services

Case Number:	CM15-0172942		
Date Assigned:	09/15/2015	Date of Injury:	10/27/2001
Decision Date:	10/14/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/02/2015

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, New York
Certification(s)/Specialty: Podiatrist

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 73 year old female who sustained an industrial injury on 10-27-2001. A review of medical records indicates the injured worker is being treated for internal derangement, right knee, status post right total knee arthroplasty, end stage osteoarthritis, left foot and ankle, with pronation deformity, and spinal stenosis with left lumbar radiculitis. Medical record dated 8-14-2015 noted she was able to ambulate with an antalgic gait. There was significant swelling in the right lower extremity. Examination of the distal left lower extremity showed reasonably well preserved range of motion of the ankles. She had deviation of the left great toe with it almost going 90 degrees sideways and overlapping the other toes superior. Treatment has included pain management and medications. Utilization Review form dated 8-26-2015 included lightweight aluminum wheelchair from [redacted] company and motion control orthopedic shoes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lightweight Aluminum Wheelchair, from [redacted] company (retrospective 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: Knee & Leg (Acute & Chronic) - Wheelchair; Ankle & Foot - Wheelchair.

MAXIMUS guideline: Decision based on MTUS Ankle and Foot Complaints 2004, Section(s): Medical History, Diagnostic Criteria, Physical Methods, and Chronic Pain Medical Treatment 2009, Section(s): Introduction, Power mobility devices (PMDs).

Decision rationale: The injured worker has demonstrated sufficient upper extremity function to propel a manual wheelchair. The record confirms caregiver presence, with wheel chair use. The injured worker is reported to primarily use her wheel chair as a walker, with seating function as needed. A rolling walker is recommended by the MTUS's when the patient's functional mobility deficit can be sufficiently resolved by a walker, which has the added safety related benefit of hand brakes. The requested lightweight wheel chair is not medically necessary.

Motion control Orthopedic Shoes: Upheld

Claims Administrator guideline: Decision based on MTUS Ankle and Foot Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines: Ankle & Foot - Orthotic devices.

MAXIMUS guideline: Decision based on MTUS Ankle and Foot Complaints 2004, Section(s): Physical Examination, Work-Relatedness, Initial Assessment, Physical Methods, Surgical Considerations. Decision based on Non-MTUS Citation 1 Foot Complications, from the American Diabetes Association; first published no later than November 4, 2009 (as per archive.org); retrieved November 1, 2013. 2 Jump up Diabetic Foot Care at ePodiatry; published 2003; retrieved September 6 2011.

Decision rationale: The injured worker is a known diabetic at risk of limb loss. The injured worker is identified as at high risk for surgical procedure. The injured worker's prescription footwear and possibly bracing require periodic replacement as well as evaluation. The injured worker is identified as having significant foot deformity with an antalgic gait known to be progressive in nature, secondary to osteoarthritis. The record indicates that specialty care evaluation of the injured worker's therapeutic footwear and bracing requirements has not been approached since 2013. Appropriate evaluation of present therapeutic footwear need is required. Without specialty evaluation, appropriate therapeutic footwear and bracing cannot be provided, without the risk of limb loss. Documented specialty evaluation is required before the medical necessity of motion control orthopedic shoes can be certified. Therefore, the request is not medically necessary.