

<b>Case Number:</b>	CM15-0020670		
<b>Date Assigned:</b>	02/10/2015	<b>Date of Injury:</b>	07/16/2014
<b>Decision Date:</b>	06/24/2015	<b>UR Denial Date:</b>	01/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/04/2015

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 56-year-old male, who sustained an industrial injury on July 16, 2014. He reported falling off a ladder suffering bilateral comminuted tibial plateau fractures. The injured worker was diagnosed as having open reduction and internal fixation of the right distal tibia pilon fracture and open reduction and internal fixation of the left comminuted fibular fracture together with closed reduction of the tibia. Treatment to date has included bilateral lower extremity fracture surgeries, carpal tunnel syndrome, x-rays, physical therapy, and medication. Currently, the injured worker complains of bilateral ankle pain. The Treating Physician's report dated January 7, 2015, noted the injured worker slowly making progress from removal of an external fixator on the right and up to the tibia to get an open reduction and internal fixation of the right distal tibia pilon fracture and a closed reduction of the left distal fibular fracture with plate fixation done on August 19, 2014. Physical examination was noted to show swelling of both ankles with diffuse tenderness and muscle tenderness. A CT scan of the right ankle from December 22, 2014 was noted to show slow healing of the comminuted fracture of the distal tibia. The treatment plan was noted to include weight bearing as tolerated in the Moon boot, neuropathy cream to reduce pain sensitivity, request for bilateral electromyography (EMG)/nerve conduction study (NCS) to derive the degree of nerve injury, and continued physical therapy. A request for authorization was made for rental extensions on a wheelchair and leg reels per Utilization Review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Wheelchair rental for 99 months:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Power Mobility Devices (PMDs) Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers Compensation (TWC), Knee and Leg (updated 10/27/2014) Durable Medical Equipment (DME).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Knee and Leg Chapter, Wheelchair Topic.

**Decision rationale:** Regarding the request for a wheelchair, the California Medical Treatment and Utilization Schedule does not specifically address wheelchairs. The Official Disability Guidelines Knee and Leg Chapter states: "Recommend manual wheelchair if the patient requires and will use a wheelchair to move around in their residence, and it is prescribed by a physician. Reclining back option recommended if the patient has a trunk cast or brace, excessive extensor tone of the trunk muscles or a need to rest in a recumbent position two or more times during the day. Elevating leg rest option recommended if the patient has a cast, brace or musculoskeletal condition, which prevents 90-degree flexion of the knee, or has significant edema of the lower extremities. Adjustable height armrest option recommended if the patient has a need for arm height different from those available using non-adjustable arms. A lightweight wheelchair is recommended if the patient cannot adequately self-propel (without being pushed) in a standard weight manual wheelchair, and the patient would be able to self-propel in the lightweight wheelchair. (CMS, 2007)" In this case, the injured worker has sustained bilaterally ankle fractures due to a fall. It is expected that the patient will require a wheelchair during parts of his recovery, but a rental for 99 months (which is essentially a purchase) is not appropriate. The utilization review modification to 6 months is reasonable, and if there are extenuating circumstances at that time, which require further wheelchair use, an extension can be provided. The original request is not medically necessary.

**Leg reels rental:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Power Mobility Devices (PMDs) Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers Compensation (TWC), Knee and Leg (updated 10/27/2014) Durable Medical Equipment (DME).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Knee and Leg Chapter, Wheelchair Topic.

**Decision rationale:** Regarding the request for a wheelchair, the California Medical Treatment and Utilization Schedule does not specifically address wheelchairs. The Official Disability Guidelines Knee and Leg Chapter states: "Recommend manual wheelchair if the patient requires and will use a wheelchair to move around in their residence, and it is prescribed by a physician. Reclining back option recommended if the patient has a trunk cast or brace, excessive extensor tone of the trunk muscles or a need to rest in a recumbent position two or more times during the day. Elevating legrest option recommended if the patient has a cast, brace or

musculoskeletal condition, which prevents 90-degree flexion of the knee, or has significant edema of the lower extremities. Adjustable height armrest option recommended if the patient has a need for arm height different from those available using non-adjustable arms. A lightweight wheelchair is recommended if the patient cannot adequately self-propel (without being pushed) in a standard weight manual wheelchair, and the patient would be able to self-propel in the lightweight wheelchair. (CMS, 2007)" In this case, the injured worker has sustained bilaterally ankle fractures due to a fall. It is expected that the patient will require a wheelchair during parts of his recovery, but a rental for 99 months (which is essentially a purchase) is not appropriate. The utilization review modification to 6 months is reasonable, and therefore the component parts including leg reels should be similarly modified. The original request is not medically necessary.