

Case Number:	CM15-0037199		
Date Assigned:	04/02/2015	Date of Injury:	02/06/2013
Decision Date:	06/02/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	02/27/2015

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: Minnesota, Florida
 Certification(s)/Specialty: Orthopedic Surgery

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 49-year-old male who sustained an industrial injury on 02/06/13. Initial complaints included right ankle pain. Initial diagnoses are not available. Treatments to date include ankle injections and medications. Diagnostic studies include a MRI of the right ankle. Current complaints include right ankle pain. In a progress note dated 12/22/14, the treating provider reports the plan of care as right ankle surgery. The plan was to examine under anesthesia and perform a reconstruction of the lateral ligaments if instability present. The requested treatment is a standard wheelchair and knee scooter rental in preparation for surgery. Surgery was non-certified by UR.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated Surgical Services: Wheelchair (12-week rental): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers Compensation (TWC): ODG Treatment Integrated/Disability Duration Guidelines, Manual Wheelchair.

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

Decision rationale: The injured worker is a 49-year-old male with date of injury of 2/6/2013. MRI of the right ankle from 3/11/2013 revealed soft tissue edema, effusion, increased marrow signal involving the anterior subtalar joint, tear of the anterior talofibular ligament, tenosynovitis of the posterior tibial tendon, flexor digitorum longus and flexor hallucis longus. His surgical request was authorized on 11/22/2013 but surgery could not be performed for other reasons. A recent surgical request was noncertified by utilization review on 2/26/2015, but was subsequently certified. The request for a wheelchair rental is appropriate and medically necessary per ODG guidelines for DME- wheelchair. The wheelchair is prescribed by a physician and will be used to get around in the home. As such, the medical necessity is established.

Associated Surgical Services: Knee Scooter (12-week rental): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers Compensation (TWC): ODG Treatment Integrated/Disability Duration Guidelines, Manual Wheelchair.

MAXIMUS 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, Knee Chapter, Walking Aids).

Decision rationale: Chronic pain guidelines do not recommend motorized scooters. However, this request is for a non-motorized knee scooter, which is supported as a walking aid, and the medical necessity is established.

Post-Operative Percocet 10/325mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Short Acting Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 92.

Decision rationale: Since the requested surgical procedure is medically necessary, the associated surgical services are also medically necessary. The request for post-operative Percocet is supported and the medical necessity is established.