MAXIMUS Federal Services

Case Number:	CM15-0069641		
Date Assigned:	04/17/2015	Date of Injury:	05/31/2005
Decision Date:	05/22/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	04/13/2015

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 York, Tennessee
Certification(s)/Specialty: Emergency Medicine

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 67 year old female patient who sustained an industrial injury on 05/31/2005. A follow up visit dated 12/18/2014 reported chief complaint of bilateral knee pain. She presented for the last Orthovisc injection of the knees. The assessment noted severe arthropathy of the lateral compartment of right knee with genu valgum deformity; moderately severe osteoarthritis of left knee with genu valgum deformity; hypoglycemia; hypertension; reflux disorder; asthma, and migraine headaches. The plan of c are involved: administration of last bilateral knee injection, and avoid any kneeling, squatting, crawling and climbing. A primary treating office visit dated 09/02/2014 reported subjective complaints of pain in the right ankle. The right knee arthroscopy was authorized, but no scheduling occurred as of yet. She also has complaint of neck, upper trapezius and right hand pains. The patient is requesting refills of Tramadol and Lyrica. She is currently unemployed. The patient also states having had aqua therapy in the past and wishing to try it again. Current medications are: Sulinda, Omeprazole, Tramadol, and Lyrica. She has undergone bilateral meniscal knee repairs. Diagnostic testing to include: radiography study, and magnetic resonance imaging. The assessment noted lumbar spondylolisthesis; lumbago with lumbar radiculopathy; cervicalgia with intermittent right upper extremity radiculopathy; lumbago with left leg sciatica at L4-5, and bilateral knee degenerative disc disease. The plan of care involved refilling Tramadol, Lyrica, Sulindac, and Omeprazole; follow up with orthopedics, and working under permanent restrictions. She is to follow up in 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Durable medical equipment (DME) purchase of wheelchair with extended leg rest: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA MTUS, Web Edition; Official Disability Guidelines: Chapter Knee/Leg, Web Edition.

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, Wheelchair.

Decision rationale: 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. 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. In this case the patient is able to ambulate on examination. Wheelchair is not medically necessary. The request is not medically necessary and should not be authorized.