

Case Number:	CM15-0091748		
Date Assigned:	05/18/2015	Date of Injury:	08/03/2010
Decision Date:	06/19/2015	UR Denial Date:	05/06/2015
Priority:	Standard	Application Received:	05/12/2015

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: Texas, California
 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:

The injured worker is a 54 year old female, who sustained an industrial injury on 08/10/2010. The injured worker reported slipping on a piece of plastic resulting in injury to right knee. On provider visit dated 03/03/2015 examination of the right knee reported decreased in range of motion. The diagnoses have included status post right knee manipulation which was noted to improve range of motion. And lumbar spine herniated disc per documentation. Treatment to date has included medication, laboratory studies, physical therapy and injections. Right knee x-ray on 04/07/2015 revealed that bones appeared osteopenic. Right knee arthroscopy on 01/19/2015 revealed total knee arthrofibrosis. Provider visit note dated 01/12/2015 noted pain with walking. The provider requested electrical wheel chair. The patient's surgical history include right knee TKR on 12/29/11. The patient sustained the injury due to slip and fall incident. Per the doctor's note dated 4/21/15 physical examination of the low back revealed tenderness on palpation and full ROM, 5/5 strength, negative SLR and normal sensory and motor examination. The medication list include Tramadol, Fluoxetine and Omeprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electrical wheel chair: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PMP Page(s): 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Power mobility devices (PMDs) Power mobility devices (PMDs) Page(s): 99. Decision based on Non-MTUS Citation ODG Treatment Integrated Treatment/Disability Duration Guidelines Knee & Leg (updated 05/05/15) Power mobility devices (PMDs) Durable medical equipment (DME) Wheelchair.

Decision rationale: Electrical wheel chair. Per the CA MTUS chronic pain guidelines cited below, Power mobility devices are not recommended "if the functional mobility deficit can be sufficiently resolved by the prescription of a cane or walker, or the patient has sufficient upper extremity function to propel a manual wheelchair, or there is a caregiver who is available, willing, and able to provide assistance with a manual wheelchair." Per the ODG cited below, power mobility devices are not recommended "Not recommended if the functional mobility deficit can be sufficiently resolved by the prescription of a cane or walker, or the patient has sufficient upper extremity function to propel a manual wheelchair, or there is a caregiver who is available, willing, and able to provide assistance with a manual wheelchair. (CMS, 2006) Early exercise, mobilization and independence should be encouraged at all steps of the injury recovery process, and if there is any mobility with canes or other assistive devices, a motorized scooter is not essential to care." Per the doctor's note dated 4/21/15 physical examination of the low back revealed full ROM, 5/5 strength, negative SLR and normal sensory and motor examination. A detailed neurological exam demonstrating significant weakness of the upper and lower extremities or any other medical conditions that will compromise the patient's ability to ambulate by herself or with the help of a walker or cane, is not specified in the records provided. Significant functional deficits of the lower extremity that would require a scooter were not specified in the records. The absence of a care giver who can propel a manual wheel chair was not specified in the records provided. Inability of the patient to ambulate with canes or other assistive devices was not specified in the records provided. The records submitted contain no accompanying current PT evaluation for this patient. Detailed response to previous conservative therapy was not specified in the records provided. The request is not medically necessary.