

Case Number:	CM13-0040580		
Date Assigned:	12/20/2013	Date of Injury:	09/27/2010
Decision Date:	12/09/2015	UR Denial Date:	10/17/2013
Priority:	Standard	Application Received:	10/29/2013

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, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic knee and leg pain reportedly associated with a trip and fall industrial injury of September 27, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; a total knee arthroplasty surgery; unspecified amounts of physical therapy; and apparent provision of a wheelchair. In a Utilization Review Report of October 17, 2013, the claims administrator denied a request for a wheelchair rental, citing non-MTUS ODG Guidelines. The applicant's attorney subsequently appealed. On December 19, 2013, the applicant is described as returning to follow up. She exhibits good range of motion about the knee from 0 to 97 degrees. She has good stability. Laboratory testing and additional physical therapy are endorsed. An earlier note of November 13, 2013 is notable for comments that the applicant remains totally temporarily disabled. She lives in a facility with very steep steps and prefers to walk up a ramp as opposed to steps. She is walking quite well with 96 degrees of knee range of motion noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extension of wheelchair rental for six (6) months: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 13, the principle of maximizing activities while recovering from physical problems applies to knee problems as well as problems involving other parts of the body. In this case, the applicant is apparently independently ambulatory. She is described as walking in the clinic in November 2013 without any seeming difficulty, impediment, and impairment. There is no evidence of a limp. There is no evidence of gait derangement. There is no evidence of any condition or conditions which would require continuous usage of a wheelchair. Provision of a wheelchair would run counter to the principle enunciated in ACOEM to maximize rather than minimize an applicant's activities. Therefore, the request is not medically necessary.