

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 12/11/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	8/21/2013
Date of Injury:	1/13/2012
IMR Application Received:	9/3/2013
MAXIMUS Case Number:	CM13-0019529

- 1) MAXIMUS Federal Services, Inc. has determined the request for a three month rental of a lightweight wheelchair for the symptoms related to the left foot **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 9/3/2013 disputing the Utilization Review Denial dated 8/21/2013. A Notice of Assignment and Request for Information was provided to the above parties on 10/11/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for a three month rental of a lightweight wheelchair for the symptoms related to the left foot **is not medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Podiatric surgery, and is licensed to practice in California. 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 treatments and/or services at issue.

Expert Reviewer Case Summary:

This patient sustained a left foot crush injury on January 13, 2012. She was evaluated and treated for this condition. Physical evaluation as of July 12, 2013 reveals continued moderate to severe left foot pain, aggravated activities of daily living, hypersensitivity to left foot when touched, but ability to wiggle toes on command. A diagnosis of RSD of the left lower extremity is noted. The patient was advised to continue Butrans, Lyrica, Zanaflex and physical therapy. During this visit, the patient was noted to be resting comfortably in a wheelchair. Prior treatments (since the injury) have included physical therapy, TENS unit, spinal cord injection, NSAIDS and narcotics, none of which have alleviated patient's pain. As of August 9, 2013, this patient was still having significant left foot pain with trophic skin changes. It was recommended that she begin aggressive physical therapy four times per week, continue medications and TENS unit, and continue wheelchair.

Documents Reviewed for Determination:

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application of Independent Medical Review
- Utilization Review Determination
- Medical Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

- 1) **Regarding the request for** a three month rental of a lightweight wheelchair for the symptoms related to the left foot:

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the ACOEM-Ankle and Foot; Table 2, Summary of Recommendations, Ankle and Foot Disorders, as well as, ACOEM-Chronic Pain, Summary of Recommendations, Chronic Pain Disorders, which are a part of the MTUS.

The Expert Reviewer based his/her decision on the American College of Occupational and Environmental Medicine (ACOEM) Guidelines, 2nd Edition (2004), Chapter 14, Ankle and Foot Complaints Chapter, pages 369 and 371, which are a part of the MTUS.

Rationale for the Decision:

The above cited guidelines from the MTUS advises that elevation and a brief period of non-weight bearing may be effective for pain management and resolution of swelling. The requested rental is for three months, which is not considered a brief period. The guidelines go on to advise that partial weight bearing involves placing the affected foot or ankle on the ground with crutches on either side and having the patient place as much weight as possible on the foot, with the rest of the weight on the crutches. This practice is preferable to complete non-weight bearing. **The request for a three month rental of a lightweight wheelchair is not medically necessary and appropriate.**

Effect of the Decision:

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

/dso

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.