

<b>Case Number:</b>	CM14-0144193		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	10/15/1998
<b>Decision Date:</b>	10/06/2014	<b>UR Denial Date:</b>	08/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/05/2014

### 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. The expert reviewer is Board Certified in Occupational Medicine 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 disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

There were 103 pages provided for review. The application for independent medical review was signed on September 5, 2014. It was for a right leg brace and an electronic wheelchair. Per the records provided, the claimant was described as a 67-year-old woman with the date of injury back in 1998. As of February 18, 2014, the patient was treated for persistent and progressive deformity and pain involving her right knee and right shoulder. She had a right total knee replacement which has reportedly become unstable. She also had ankle and foot deformity from arthropathy. She has had knee pain with passive and active range of motion and no signs or symptoms of infection. There was right shoulder weakness and limited range of motion, chronic rotator cuff or symptoms of infection. The patient is a poor surgical candidate and wheelchair-bound and unable to propel herself due to the shoulder symptoms. Other notes however do say she uses a walker. The previous reviewer noted a knee ankle foot orthotic may be indicated for the prevention of contracture or deformity. There are no guidelines to support this brace other than for Duchenne muscular dystrophy. With no scientific evidence support its use for the patient's knee conditions involving a total knee replacement and loosening of hardware the requested orthotic was not certified. Power mobility devices are not recommended if the functional mobility deficit can be achieved with lesser means. Despite the patient's compromised ambulation in there is no documentation that she has tried to use a wheelchair without success.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right Leg Brace #1 between 7/17/14 and 9/30/14: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Disabil Rehabil Assist Technol. 2014 Jul 29:1-8. [Epub ahead of print] Evaluation of the performance of paraplegic subjects during walking with a new design of reciprocal gait orthosis. Karimi MT1, Fatoye F.

**Decision rationale:** The MTUS and ODG are silent on the request. Per the literature reference, a Knee-Ankle-Foot Orthosis (KAFO) is a full-length leg brace designed to stabilize the knee, ankle and foot while supporting the leg muscles. KAFOs can be used to stop, limit, or assist motion in any or all of the 3 planes of motion. KAFO orthosis are typically used to address muscle weakness or partial or full leg paralysis. I did not see that this claimant had those conditions. The request is considered not medically necessary.

**Electric Wheelchair between 7/17/14 and 9/30/14:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines 8 C.C.R. 9792.20 9792.26 MTUS (Effective July 18, 2009) Page(s): Page 99 of 127.

**Decision rationale:** The MTUS notes that Power mobility devices (PMDs) 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. 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. In this case, the use of a walker is mentioned. There is no mention of a test of a regular wheelchair, or what the family situation is in regards to pushing a manual chair. This request is not medically necessary.