

Case Number:	CM14-0150066		
Date Assigned:	09/18/2014	Date of Injury:	10/30/2013
Decision Date:	11/03/2014	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	09/15/2014

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 Orthopedic Surgery and is licensed to practice in Minnesota. 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:

The injured worker is a 30 year old male who slipped on a roof tile and injured his left knee on 10/30/2013. He had patellofemoral pain and underwent conservative treatment. An MRI scan of 12/11/2013 revealed a 7x7 mm ill-defined area of bone edema in the central portion of patella with fibrillation/ fissuring of the articular cartilage. Arthroscopy was performed on 02/28/2014 with debridement of the area which made his pain worse. On a follow-up evaluation of 8/19/2014 he continued to have pain in the parapatellar region. There was good range of motion in the knee, lacking only a few degrees of flexion. Quadriceps tone was less than 10% lower than normal. There was a small effusion and mild tenderness, and grade 2 crepitation with 90/90 testing present. There was no instability. Additional surgery was recommended including autologous chondrocyte implantation (ACI) and tibial tubercle osteotomy. The disputed issue pertains to durable medical equipment 4 week rental of a wheelchair for post-operative use. However, the proposed surgical procedure has not been deemed medically necessary per available records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Durable Medical Equipment MI 4 Week Rental of Wheelchair for use Post-Operative after Left Knee Surgery: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Section knee and leg; Autologous Cartilage Implantation, Durable Medical Equipment.

Decision rationale: CA MTUS does not address Autologous Cartilage Implantation. The post-operative guidelines indicate non-weight bearing for 3-4 months after this procedure. Therefore Durable Medical Equipment, in particular a wheelchair, is recommended per ODG guidelines. However, since the surgery has been deemed medically not necessary, the related durable medical equipment 4 week rental of a wheelchair is also not medically necessary.