

Case Number:	CM13-0015457		
Date Assigned:	10/08/2013	Date of Injury:	03/06/2008
Decision Date:	01/22/2014	UR Denial Date:	08/16/2013
Priority:	Standard	Application Received:	08/22/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and Pain Management, has a subspecialty in Interventional Spine 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 physician 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 Independent Medical Review (IMR) application shows a dispute with the 8/16/13 Utilization Review (UR) decision regarding the hand control for driving, an electric bed with orthopedic mattress, and an electric scooter. According to the records, the patient is a 52 year-old male with a 3/6/2009 back injury that occurred while walking at work. He was diagnosed with thoracic myelopathy and right leg monoplegia, cervical spondylosis and lumbar facet joint cysts with left L5 impingement. On 7/26/13, he was approved for anterior thoracic discectomy T6/7 and T7/8, and fusion. According to the 9/11/13 report from [REDACTED], the surgery was 3-weeks prior and well-tolerated. Incisions were healing well and there was 3/5 strength right hip flexors, 5/5 left, 4/5 knee on the right, 5/5 left, 0 ankle dorsiflexion right, 5/5 left., 4/5 plantarflexion right, 5/5 left. The 6/18/13 report from [REDACTED] states the patient uses an AFO orthotic and cane to ambulate. He reports right leg monoplegia and states that he requires an electric scooter, electric bed with orthopedic mattress and the hand control for driving. On the 8/7/12 report, [REDACTED] states the patient needs the hand control for driving or he will require assistance in transportation. He goes on to justify the electric bed in order to help relieve the patient's back pain that is currently impeding sleep. [REDACTED] states the electric scooter is needed due to the patient's inability to manage a manual wheelchair as a result of weakness and the cervical spondylosis/stenosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hand control for driving: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 6-11.

Decision rationale: The patient was not able to return to his occupation as the probation investigator, due to thoracic myelopathy and right leg monoplegia, and upcoming thoracic spinal surgery. The patient underwent the surgery, but is still unable to dorsiflex his right ankle, and he has weakness in the right hip flexors. Driving a vehicle often requires use of the right foot for acceleration/deceleration and braking. This patient is unable to do this, due to his industrial injury. The use of hand controls appears quite appropriate for this case, and would be supported by MTUS/ACOEM recommendations to prevent injury by "adjustment of workstations, tasks, and tools to the individual worker's size and physiologic and work capacity." In this case, if the vehicle is considered a tool, the hand control would be an adjustment to the individual's physiologic capacity.

Electric Bed with orthopedic mattress: 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 (ODG) Official Disability Guidelines, Lumbar Chapter, Mattress selection and Aetna Clinical Policy Bulletin:Hospital Beds and Accessories.

Decision rationale: (ODG) Official Disability Guidelines states, "There are no high quality studies to support purchase of any type of specialized mattress or bedding as a treatment for low back pain." Aetna has guidelines for hospital beds, but states non-hospital beds do not meet the definition of Durable Medical Equipment (DME), as they are not primarily medical in nature, not primarily used in the treatment of disease or injury, and are normally of use in the absence of illness or injury.

Electric Scooter: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Power Mobility Devices (PMD) Page(s): 99.

Decision rationale: MTUS states, "If there is any mobility with canes or other assistive devices, a motorized scooter is not essential to care." The patient has been reported to ambulate with a cane. The request is not in accordance with MTUS guidelines.