

<b>Case Number:</b>	CM13-0025208		
<b>Date Assigned:</b>	04/25/2014	<b>Date of Injury:</b>	12/20/2002
<b>Decision Date:</b>	06/10/2014	<b>UR Denial Date:</b>	09/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2013

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management, 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:

The patient is a 61-year-old male with date of injury of December 20, 2012. The listed diagnoses per [REDACTED] dated January 24, 2014 are C6-C7 anterior cervical fusion, 2006; L1 kyphoplasty for 50% compression fracture; thoracolumbar and lumbar surgery from 2011, diabetes, hyperthyroidism, coronary artery disease, coronary bypass surgery, congestive heart failure, concentric ventricular hypertrophy, and aortic stenosis, paraparesis with sensory level of approximately T12 with incomplete neurologic picture, cervical myelopathy and lumbar stenosis, lumbar stenosis at L2-L3 and L3-L4 and in the foramina at L5-S1, and CT myelogram, evidence of continued spinal stenosis L2-L3, L3-L4. According to the report, the patient continues to complain of neck pain radiating to the hands with numbness in the third, fourth, and fifth fingers of both hands. He also complains of lower back pain radiating down both lower extremities to the toes with inability to walk or control his bowel or bladder. He requires a wheelchair for ambulation. The physical exam shows his cervical spine revealed a healed right anterior surgical scar. No tenderness is present. Neurologic exam of the upper extremities reveals intact motor strength and sensation. He has some atrophy of the first dorsal interosseous but preserves strength. There are no reflexes in the upper extremities. No Hoffmann's signs or pathologic reflexes. He has no range of motion of the lumbar spine possibly because of his symptoms. Neurologic examination reveals a sensory level at approximately T12 or at the groin. His sensation is impaired below T12 but not completely absent. He has no reflexes in the lower extremities, no clonus, and no Babinski's. There is some generalized atrophy of the thighs and calves. The utilization review denied the request on September 9, 2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ONE BEDROOM APARTMENT RENTAL:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Labor Code, Section 4600-4614.1..

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) ODG GUIDELINES HAVE THE FOLLOWING REGARDING DURABLE MEDICAL EQUIPMENT (DME) Chapter.

**Decision rationale:** This patient presents with chronic back, neck, hands, bilateral lower extremities, and lower back pain. The patient is a paraplegic and wheelchair bound. The treater is requesting a 1 bedroom apartment rental. The MTUS and ACOEM Guidelines are silent with regards to this request. However, ODG Guidelines under durable medical equipment recommend: 1.DME is given if it can withstand repeated use. 2.Primarily and customarily used to serve a medical purpose. 3.Generally, it is not useful to a person in the absence of illness or injury. 4.Appropriate for use in the patient's home. The review of records do not show the actual report discussing the request. It is hard to decipher the rationale behind this request. The utilization review dated 09/09/2013 denied the request stating, "The records do not provide sufficient evidence that a one-bedroom apartment is reasonably required to cure or relieve the injury worker from the effects of his injury." An apartment is a basic necessity and not a medical treatment. It is not primarily and customarily used to serve a medical purpose. The request for a one bedroom apartment is not medically necessary or appropriate.