

Case Number:	CM13-0029510		
Date Assigned:	11/01/2013	Date of Injury:	04/21/2005
Decision Date:	01/27/2014	UR Denial Date:	09/12/2013
Priority:	Standard	Application Received:	09/26/2013

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 Internal Medicine, Pulmonary Diseases 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 patient is a 36-year-old male with a reported date of injury of 04/21/2005. The patient presented with moderate pain, right-sided antalgic gait, slowed gait, wide based gait, tenderness over the trochanter of the right hip, allodynia of the dorsum of the right foot, and motor testing limited by pain. The patient was noted to not be utilizing any assistive devices. The patient had diagnoses including pain in joint, lower leg, and RSD lower limb. The physician's treatment plan included a request for a 1-hand control for operating a vehicle.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 hand control for operating vehicle: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Labor Code 4600(a)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & leg, durable medical equipment

Decision rationale: The California MTUS guidelines and ACOEM do not address this issue. The Official Disability Guidelines note durable medical equipment is recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable

medical equipment (DME) below. Most bathroom and toilet supplies do not customarily serve a medical purpose and are primarily used for convenience in the home. Medical conditions that result in physical limitations for patients may require patient education and modifications to the home environment for prevention of injury, but environmental modifications are considered not primarily medical in nature. The guidelines note that the term DME is defined as equipment which: can withstand repeated use, i.e., could normally be rented and used by successive patients; is primarily and customarily used to serve a medical purpose; generally is not useful to a person in the absence of illness or injury; & is appropriate for use in a patient's home. Within the provided documentation, the requesting physician's rationale for the request was unclear. Additionally, a hand control for operating a vehicle would not meet the guideline to qualify as durable medical equipment as it would not normally be used to serve a medical purpose and it is generally useful to a person in the absence of injury or illness. Therefore, the request for 1 hand control for operating a vehicle is neither medically necessary nor appropriate.