

Case Number:	CM13-0029554		
Date Assigned:	11/01/2013	Date of Injury:	10/27/2003
Decision Date:	01/14/2014	UR Denial Date:	09/11/2013
Priority:	Standard	Application Received:	09/27/2013

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 Pain Management, has a subspecialty in Disability Evaluation, 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 injured worker is a 58 year old female with a past medical history of lumbar degenerative disc disease/osteoarthritis and medial meniscal tear. A [REDACTED] notes dated 7/25/13 states that the patient has a long-standing history of right lumbar degenerative disc disease, osteoarthritis and myofascial pain with associated muscle spasms. Symptoms had improved since SI joint ablation and trigger point injection, but the patient was still having difficulty with heavy lifting. On examination, her blood pressure at the time was 155/72, and musculoskeletal examination was notable for right buttocks tenderness over the piriformis muscle. The plan at the time was to continue on with her prescribed medications - Lidoderm patch, and trigger point injections. Another record indicated that the claimant had a date of injury of 10/27/03 to the left knee. She had a surgery for a chondroplasty and for a medial meniscal tear six months prior, and was still experiencing pain. The patient is noted to have had 38 physical therapy sessions since 2007, 24 of those being post-operative as per referral. Notes from an office visit dated 2/20/12 show that the patient complains of continued pain and discomfort in the lower back, right buttock pain, and continued pain in the knees. The exam showed discomfort in the back with range of motion examination, hyperextension of the left knee, tenderness of the left anterior knee, and tenderness of the right knee. There was no evidence of instability. Her status was post left knee arthroscopy, partial medial meniscectomy and lateral tibial plateau, chondroplasty, right knee meniscus tear, and lumbosacral spine degenerative disease. The plan is to continue physical therapy, the use of a TENS unit, and a motorized wheelchair, as she has significant difficulty getting around. She is temporarily totally disabled. Additional physical therapy twice a week for six weeks for the bilateral knees was requested, but was denied as n

IMR ISSUES, DECISIONS AND RATIONALES

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

A hand-controlled vehicle: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, section on Immobility, and the Hand Control Usage and Safety Final Report, August 2001, US Department of Transportation Volpe, Transportation Systems Center, National Highway Transportation Safety Administration, Automobile Safety L

Decision rationale: The request for a hand-controlled vehicle is not medically necessary. Portable hand controls are available for the paraplegic or for amputees with a need for a car or van, and they can be conveniently carried as luggage. These hand controls are designed for use in individuals with normal upper body strength and coordination. The MTUS is mute on this topic. According to a publication titled "Hand Control Usage and Safety Final Report, August 2001" published by the US Department of Transportation Volpe, Transportation Systems Center, National Highway Transportation Safety Administration, Automobile Safety Laboratory, University of Virginia, hand controls were developed before the advent of widespread automotive safety awareness and active research. The report further states, "The following concerns have been raised regarding hand controls in the event of a frontal collision. 1. Head injury: the head may hit the hand control and/or mounting hardware. 2. Injury to drivers of short stature: If the driver must sit closer to the steering wheel to operate the hand control, there exists an increased risk of injury caused by air bag deployment. 3. Leg injury: Metal rods and linkages are mounted near the knees and lower legs. 4. Compromised knee bolster: Devise installation sometimes requires cutting the knee bolster, an integral part of the occupant restraint system. Weakening the knee bolster has the potential to allow greater forward movement of the knees during a crash. In addition to the possibility of lower extremity injury, the changed kinematics may affect upper body motion and degrade belt and air bag performance, which, in turn, may be reflected in higher loads and accelerations." The records provided indicate that the patient has a history of multiple sclerosis diagnosed in January of 1998 with primary symptoms of numbness and tingling of her hands and feet, slight vertigo, and stable MRI. She has clear lower extremity spasticity and ambulatory difficulties second to this nonindustrial diagnosis; however, the primary symptom of her multiple sclerosis is numbness and tingling of her hands and feet, there is going to be an issue with upper body strength and coordination necessary to operate a hand-controlled device, therefore the request is not medically necessary.

The request for hand controls: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary piece of Durable Medical Equipment is not medically necessary, none of the associated services are medically necessary.

A spinner knob with long straps: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary piece of Durable Medical Equipment is not medically necessary, none of the associated services are medically necessary.

A gas pedal guard: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary piece of Durable Medical Equipment is not medically necessary, none of the associated services are medically necessary

9000 or 12-month Bruno chariot maintenance: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary piece of Durable Medical Equipment is not medically necessary, none of the associated services are medically necessary.

QAP/NMEDA certification: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary piece of Durable Medical Equipment is not medically necessary, none of the associated services are medically necessary.

A driving evaluation: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary piece of Durable Medical Equipment is not medically necessary, none of the associated services are medically necessary.