

Case Number:	CM13-0030611		
Date Assigned:	11/27/2013	Date of Injury:	05/01/2002
Decision Date:	01/24/2014	UR Denial Date:	09/13/2013
Priority:	Standard	Application Received:	09/30/2013

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 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:

This is a 51 year old male with injury from 05/01/02. He is disputing the 9/13/13 UR decision to deny a new Van or Vehicle with a lift to accommodate a wheelchair. The 9/13/13 UR decision is by [REDACTED], and denied the Van using the medical practice standards of care. The patient is diagnosed with low back pain, RSD in lower limb, neck pain, shoulder pain, wrist and forearm pain. He is reported to be able to walk with crutches but it makes his shoulders hurt.

IMR ISSUES, DECISIONS AND RATIONALES

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

Van or Vehicle with lift to accommodate: 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 Medicare, CMS 2005

Decision rationale: Reviewer was not able to locate a reference in MTUS/ACOEM topics, MTUS/Chronic Pain Guidelines, or ODG-TWC guidelines regarding a van with a wheelchair lift. In this case, the highest ranked standard is likely (D) Expert opinion or (E) generally accepted standards of medical practice. The patient is reported to be able to walk with crutches,

and is apparently able to drive a vehicle. A van is not the standard of care for treatment of low back pain or treatment of RSD of the lower limb. A van does not meet the definition of DME, as it not mainly used in the treatment of disease or injury, and is normally of use to persons who do not have a disease or injury.