MAXIMUS Federal Services

Case Number:	CM13-0044430		
Date Assigned:	12/27/2013	Date of Injury:	07/26/2002
Decision Date:	03/26/2014	UR Denial Date:	10/14/2013
Priority:	Standard	Application Received:	10/29/2013

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 & Rehabilitation, 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 55-year-old male who reported an injury on 07/26/2002, secondary to a fall. The patient is currently diagnosed with cervical disc degeneration, myalgia and myositis, and cervical postlaminectomy syndrome. The patient was seen by [redacted] on 09/09/2013. The patient reported neck pain and spasticity in the upper and lower extremities. Physical examination revealed an antalgic gait, painful transfers from sitting to standing, decreased range of motion of the cervical spine, and normal range of motion to bilateral lower extremities with intact sensation. Treatment recommendations included continuation of current medications. An authorization request was also submitted for durable medical equipment supplies for the patient's motorized scooter.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 scotter trailer LG: 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 Official Disability Guidelines (ODG) Knee & Leg Chapter, Durable Medical Equipment, Power Mobility Devices.

Decision rationale: Official Disability Guidelines state 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. 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. Power mobility devices are not recommended if the functional mobility deficit can be sufficiently resolved by the prescription of a cane or walker, or the patient has sufficient upper extremity function to propel a manual wheelchair. There is no indication as to why this patient requires the use of a power mobility device. The patient is able to ambulate with the assistance of a cane as opposed to a power mobility device. The patient does maintain assistance from a spouse, and there is no indication as to why this patient cannot utilize a manual wheelchair. The patient demonstrates full range of motion in bilateral upper and lower extremities upon physical examination. As the medical necessity for the patient's motorized scooter is unknown, the requested durable medical equipment cannot be determined as medically appropriate. Therefore the request is non-certified.

1 top cover: Upheld

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

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1 mounted spare tire: 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 Official Disability Guidelines (ODG) Knee & Leg Chapter, Durable Medical Equipment, Power Mobility Devices

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1 rubber lining: Upheld

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

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1 shipping and handling: 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 Official Disability Guidelines (ODG) Knee & Leg Chapter, Durable Medical Equipment, Power Mobility Devices.

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1 hitch: Upheld

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

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requested durable medical equipment cannot be determined as medically appropriate. Therefore the request is non-certified.

1 labor: Upheld

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

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