

Case Number:	CM13-0052039		
Date Assigned:	12/27/2013	Date of Injury:	02/05/2010
Decision Date:	04/28/2014	UR Denial Date:	10/25/2013
Priority:	Standard	Application Received:	11/15/2013

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 Occupational Medicine, 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 57-year-old male with a 2/5/10 date of injury. Subjective complaints include low back pain with numbness and tingling in right leg and bilateral knee pain, and objective findings include pitting edema over the legs. Current diagnoses include lumbar spine disc protrusion, status post laminectomy and discectomy, deep vein thrombosis, and osteoarthritis bilateral knees, and treatment to date has been medications and laminectomy/discectomy. Medical documentation identifies requests for power scooter to aid with ambulation about the house; mini van with a ramp to accommodate a scooter when ambulation is required outside of the house; and adjustable bed as this patient has persistent limb swelling in a dependent position that requires an adjustable bed to allow leg elevation.

IMR ISSUES, DECISIONS AND RATIONALES

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

PURCHASE OF A POWER SCOOTER: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that power mobility devices can be recommended with documentation of functional mobility deficit that cannot be sufficiently resolved by the prescription of a cane or walker, the patient has insufficient upper extremity function to propel a manual wheelchair, and there is no caregiver who is available, willing, and able to provide assistance with a manual wheelchair. Within the medical information available for review, there is documentation of diagnoses of lumbar spine disc protrusion, status post laminectomy and discectomy, deep vein thrombosis, and osteoarthritis bilateral knees. In addition, there is documentation of a request for power scooter to aid with ambulation about the house. However, there is no documentation of functional mobility deficit that cannot be sufficiently resolved by the prescription of a cane or walker, the patient has insufficient upper extremity function to propel a manual wheelchair, and there is no caregiver who is available, willing, and able to provide assistance with a manual wheelchair. Therefore, based on guidelines and a review of the evidence, the request for purchase of a power scooter is not medically necessary.

PURCHASE OF A MINI VAN: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ANTHEM CLINICAL UM GUIDELINES

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), and the Anthem Clinical UM Guidelines.

Decision rationale: The MTUS does not specifically address this issue. The Official Disability Guidelines state that durable medical equipment can be recommended with documentation that the requested durable medical equipment can withstand repeated use, is primarily and customarily used to serve a medical purpose, generally is not useful to a person in the absence of illness or injury, and is appropriate for use. Guidelines also state that durable medical equipment is considered medically necessary when it is not more costly than an alternative service, sequence of services, device or equipment, at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of that covered individual's illness, injury or disease. Guidelines additionally state that durable medical equipment is not considered medically necessary when the item includes an additional feature or accessory, or is a non-standard or deluxe item that is primarily for the comfort and convenience of the individual. Within the medical information available for review, there is documentation of diagnoses of lumbar spine disc protrusion, status post laminectomy and discectomy, deep vein thrombosis, and osteoarthritis bilateral knees. In addition, there is documentation of a request for a minivan with a ramp to accommodate a scooter when ambulation is required outside of the house. However, there is no documentation that the requested minivan is primarily and customarily used to serve a medical purpose and is appropriate for use. In addition, there is no documentation that the requested minivan is not more costly than an alternative service. Therefore, based on guidelines and a review of the evidence, the request for purchase of a minivan is not medically necessary.

PURCHASE OF AN ADJUSTABLE BED FOR THE LUMBAR SPINE: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: The MTUS does not address this issue. The Official Disability Guidelines support durable medical equipment if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment. The Medicare National Coverage Determinations Manual states that an adjustable bed may be recommended with documentation that the patient's condition requires positioning of the body in ways not feasible in an ordinary bed or that the patient's condition requires special attachments that cannot be fixed and used on an ordinary bed. Within the medical information available for review there is documentation of diagnoses of lumbar spine disc protrusion, status post laminectomy and discectomy, deep vein thrombosis, and osteoarthritis of the bilateral knees. However, despite documentation of a request for an adjustable bed as this patient has persistent limb swelling in a dependent position that requires an adjustable bed to allow leg elevation, there is no documentation that that the patient's condition requires positioning of the body in ways not feasible in an ordinary bed or that the patient's condition requires special attachments that cannot be fixed and used on an ordinary bed. Therefore, based on guidelines and a review of the evidence, the request for purchase of an adjustable bed for the lumbar spine is not medically necessary.