

Case Number:	CM13-0057049		
Date Assigned:	12/30/2013	Date of Injury:	09/02/2000
Decision Date:	04/01/2014	UR Denial Date:	11/21/2013
Priority:	Standard	Application Received:	11/25/2013

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, 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 47-year-old male who reported an injury on 09/02/2000. The office note dated 12/27/2013 indicated the patient had complaints of bilateral knee pain, right worse than left, and low back pain. The patient denied radiation of the pain. The patient described the pain as aching, burning, cramping, and sharp. The patient rated the pain at 6/10. Upon examination of the right knee there was joint swelling, joint stiffness, and tenderness. The deep tendon reflexes of the lower extremities were 2+. Babinski reflex was negative and myoclonus was absent throughout. Sensation to light touch and pinprick were intact throughout. The patient was noted to have an antalgic gait favoring the right, with the use of a straight cane. The patient was noted to have a forward flexed body posture. Examination of the lumbar spine noted abnormal reversal lumbar lordosis. There was tenderness to palpation over the paraspinal muscles overlying the facet joints and sacroiliac joint on both sides. The range of motion of the lumbar spine was mildly limited at all planes, secondary to pain and tight musculature. The slump test was negative bilaterally. Range of motion of the hip was within normal limits except for flexion, which was limited at 100 degrees and painful.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hand controls for vehicle: Upheld

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

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 (DME).

Decision rationale: The California MTUS/ACOEM Practice Guidelines do not address durable medical equipment (DME). The Official Disability Guidelines (ODG) 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. Many assistive devices, such as electric garage door openers, microwave ovens, and golf carts, were designed for fully mobile, independent adults and Medicare does not cover most of these items. 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; and is appropriate for use in a patient's home. The request for hand controls for vehicle fails to meet the criteria for durable medical equipment as defined by the Official Disability Guidelines, including it could not normally be rented, and used by successive patients, it is not primarily and customarily used to serve a medical purpose, and it is not designed for use in the patient's home. As such, the request for hand controls for vehicle is not supported. Therefore, the request is non-certified.