

<b>Case Number:</b>	CM13-0065536		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	12/21/2011
<b>Decision Date:</b>	06/25/2014	<b>UR Denial Date:</b>	12/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/13/2013

### 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:

This is a 53 year old male with a head and spinal cord injury after a motor vehicle accident on 12/21/11. The MRI dated 12/21/11 showed cervical spine fractures and other acute pathology with a cord injury. He was treated with an acute anterior and posterior cervical spinal decompression and fusion. He has subsequently been diagnosed with quadriplegia and is reported to be wheelchair dependent. Per a report and request of 11/14/13, this injured worker requires a list of home and environmental changes which are more than 3 pages in length, single spaced. Many of the items are specific to construction-related devices and may reflect building code or other safety related concepts that are far beyond any usual parameter of medical necessity. Some have no apparent medical necessity, such as a new water heater and new washer and dryer. The 12/7/13 report from the treating psychiatrist addresses some but not all of the proposed home changes, and refers to a home evaluation by [REDACTED]. That evaluation was not available for review. The Independent Medical Review application refers to a Utilization Review decision of 12/3/13. The disputed service is stated to be "Home Remodeling (Handicap)". The records contain Utilization Review requests for records, and what appears to the last Utilization Review decision prior to Independent Medical Review, that of 12/12/13. 31 items were certified, 9 items were modified, and 26 items were non-certified. Note was made of the lack of documented medical necessity for the denied items, the lack of clear medical necessity for all the requests, and the fact that some modifications, such as a walkway around the house and a gardener, had no clear necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **HOME MODIFICATIONS/HOME REMODELING (HANDICAP): 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 chapter, Durable medical equipment (DME) (1) Can withstand repeated use, i.e., could normally be rented, and used by successive patients; (2) Is primarily and customarily used to serve a medical purpose; (3) Generally is not useful to a person in the absence of illness or injury; & (4) Is appropriate for use in a patient's home.

**Decision rationale:** The MTUS does not address the medical necessity for home modifications. The Official Disability Guidelines (ODG) addresses some aspects of home modifications in the citation above. No medical guideline will address all of the items requested for this injured worker. The items requested are voluminous, do not all have clear medical necessity, and represent a remodeling plan that goes far beyond any usual request for medical necessity. Although the treating physician addressed some of the items with respect to medical necessity, many were not addressed in these terms. Driveway design was discussed in Utilization Review and was not addressed in enough detail by the treating physician to allow for a medical necessity determination. Many other house features that were requested were not accompanied by enough information to determine medical necessity. The new water heater, washer, and dryer, had no apparent medical necessity. And there are many other items as well that did not have enough information to show medical necessity. Since Independent Medical Review is asked to deem all, not part, of the requested items as medically necessary, the treating physician would need to provide an extremely lengthy report which addresses each item with respect to this injured worker's deficits, the options from a construction perspective, the safety considerations, the ADA specifications, and the reasons why the requested item is necessary rather than construction as usual. All the requests would need to address the definition of durable medical equipment as per the Medicare definition (quoted in the Official Disability Guidelines citation): (1) Can withstand repeated use, i.e., could normally be rented, and used by successive patients; (2) Is primarily and customarily used to serve a medical purpose; (3) Generally is not useful to a person in the absence of illness or injury; & (4) Is appropriate for use in a patient's home. The remodeling and modification requests are not medically necessary due to the lack of documented necessity for each item and the lack of specific medical deficits which require each and every one of the requests. The request is not medically necessary or appropriate.