

<b>Case Number:</b>	CM14-0004492		
<b>Date Assigned:</b>	02/05/2014	<b>Date of Injury:</b>	06/28/2012
<b>Decision Date:</b>	06/20/2014	<b>UR Denial Date:</b>	12/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/13/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 injured worker is a 52 year old female with a reported date of injury on 06/08/2012. The injury reportedly occurred when the worker was pulling a large heavy filing cabinet. The injured worker complained of low back pain radiating to the legs with weakness and numbness. The MRI of the lumbar spine performed on 09/04/2013 revealed scoliotic curvature of the lumbar spine, remote compression fractures of the L1 and L4 vertebra, 3mm right foraminal disc protrusion at L5-S1 and multilevel facet arthropathy. The injured worker's diagnosis included left knee ACL tear and lumbar degenerative joint disease. The injured worker's medication regimen included Vicodin and Remeron. The request for authorization of a utility truck with softer suspension was submitted on 01/07/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**UTILITY TRUCK WITH SOFTER SUSPENSION:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation California Labor Code 4600(a).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Durable Medical Equipment.

**Decision rationale:** The Official Disability Guidelines recommend durable medical equipment if there is a medical need and if the device meets the definition of durable medical equipment. According to the guidelines durable medical equipment is defined as equipment that can withstand repeated use, could normally be rented, and used by successive patients. Durable medical equipment is primarily and customarily used to serve a medical purpose and generally is not useful to a person in the absence of illness or injury. The rationale for the request is unclear. A utility truck does not fall under the definition of durable medical equipment. Therefore, the request for a utility truck with softer suspension is not medically necessary.