

Case Number:	CM14-0138742		
Date Assigned:	09/05/2014	Date of Injury:	12/05/2008
Decision Date:	09/29/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	08/27/2014

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 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:

There were 145 pages provided for review. The application for independent medical review was signed on August 22, 2014. It was for a wheelchair accessible van. Per the records provided, the claimant was described as a 55-year-old female injured back in the year 2008. As of July 24, 2014, there was considerable difficulty with low back pain. The patient was struggling with progressive increased right knee pain when using a prosthetic for the left leg. Current medicines included Trazodone, Abilify, levothyroxine, ibuprofen, bupropion, Xanax and Lantus. There was no change in examination of the low back or amputation stump or left leg with moderate medial and lateral joint line tenderness of the right knee with some viability of the knee. The patient was diagnosed with lumbar spine multilevel degenerative disc disease and is status post lumbar fusion of L4-L5 and L5-S1. The previous reviewer noted that a wheelchair accessible van is not a medical service for the cure or relief of an industrial injury and therefore is not within the scope of utilization review. The request was therefore non certified. The reviewer cited Labor Code 4600(a) which notes that care is medical, surgical, chiropractic, acupuncture, and hospital treatment including nursing, medicines, medical and surgical supplies, crutches and apparatuses, including orthotic and prosthetic devices and services, that is reasonably required to cure or relieve the injured worker from the effects of his or her injury shall be provided by the employer.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) wheelchair accessible van: 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 FDA in 42 CFR 414.202.

Decision rationale: I would agree with the Labor Code citation. Moreover, Durable Medical Equipment, as defined by the FDA in 42 CFR 414.202, is equipment which is furnished by a supplier or home health agency that: 1. can withstand repeated use 2. Is primarily and customarily used to serve a medical purpose, 3. Is generally not useful to the individual in the absence of an illness or injury, and is appropriate for use in the home. This device fails to meet the FDA definition of durable medical equipment, as it is not primarily used to serve a medical purpose. Further, there is insufficient information to say why such a vehicle is essential from a medical treatment or care perspective. I am not able to endorse certification of medical necessity. Therefore, the request of one (1) wheelchair accessible van is not medically necessary and appropriate.