

<b>Case Number:</b>	CM14-0159346		
<b>Date Assigned:</b>	10/02/2014	<b>Date of Injury:</b>	06/13/2002
<b>Decision Date:</b>	10/29/2014	<b>UR Denial Date:</b>	09/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2014

### 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, has a subspecialty in Interventional Spine 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 36 year old male with an injury date of 06/13/12. Based on the 05/27/14 progress report provided by [REDACTED], the patient complains of lower extremity spasticity from paraplegia. Patient is on a wheelchair and has a history of spinal cord injury secondary to gunshot wound. Limited physical examination reveals continued lower extremity paraplegia with decreased tone. Intrathecal Baclofen in place. Per progress report dated 07/10/14 by [REDACTED], patient's lower extremity also has swelling. Patient is working full-time and does not have time to go to therapy. Patient's computer is 5 years old and is breaking down. [REDACTED] is requesting Laptop computer. The utilization review determination being challenged is dated 09/02/14. The rationale is: 'medical necessity of request was not established.' [REDACTED] is the requesting provider, and she provided treatment reports from 07/09/14 - 07/10/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Laptop computer:** 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 ODG) ODG-TWC guidelines, Knee Chapter online for DME

**Decision rationale:** The patient is a paraplegic on a wheelchair presenting with lower extremity spasticity. The request is for Laptop computer. Patient has a history of spinal cord injury secondary to gunshot wound. Intrathecal Baclofen is in place and he is working full-time. Per treater report dated 07/10/14, patient's computer is 5 years old and is breaking down. ODG-TWC guidelines, Knee Chapter online for DME: "Recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME) below: The term DME is defined as equipment which:(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. (CMS, 2005)"Based on the definition of "durable medical equipment," a laptop computer can withstand repeated use and is appropriate for use in a patient's home. However, a laptop computer is still useful for persons without illness or injury. Furthermore, in review of reports, there is no documentation that the primary and customary use for the requested laptop computer would be to serve a medical purpose. The request does not address a medical need and does not meet the definition of durable medical equipment. Treatment is not medically necessary and appropriate.