

Case Number:	CM14-0185497		
Date Assigned:	11/13/2014	Date of Injury:	07/11/2002
Decision Date:	12/15/2014	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	11/07/2014

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 468 pages provided for this review. There was a review from October 15, 2014. This was a request for the purchase of a vehicle between October 10, 2014 in November 24, 2014. Per the records provided, she was described as a 49-year-old female who injured her back in the year 2002 after a trip and fall. She had discogenic degeneration of the lumbar spine, lumbar nerve root injury, muscle spasm, obesity, diabetes mellitus, arthritis, discogenic syndrome of the cervical spine, anxiety, depression and right arm pain with swelling and loss of function. She has long-standing issues with her low back. A CT myelogram from 2010 showed she is status post laminectomy at L4-L5 with probable interbody fusion. There was moderate hypertrophy of the posterior elements. At L3-L4 there was a 3 mm left paracentral and lateral disc bulging abutting the thecal sac in the emerging left L4 nerve root. There was a mild narrowing of the left L4-L5 neural foramen. Mild degenerative changes were noted at L3-L4 and L4-L5. Previous medicines included Ativan, Norco, hydrochlorothiazide, Glucovance, hydroxyzine, Nexium, Lidoderm 5% patch, Zofran, Rozerem, Zanaflex, Nexium, Keflex and trazodone. There was a follow-up report from October 6, 2014. She complained of pain and medical-surgical problems. She reported falling and hurting her right arm, wrist and shoulder. She also has a left ear infection. She has been trying to get the urologist to treat kidney pain from a prior kidney infection. The right hand grip remains weak her and she dropped things she held in the right hand. She continued to complain of severe back and bilateral leg pain. Her motorized wheelchair was broken. She also needed a non-motorized wheelchair for home use as the motorized one was too large. She needed a new shower chair as her current one was cracked and pinching her leg. She needed transportation for her activities of daily living as indicated by the AME. She was recommended for a new MRI of the cervical spine, neurology consult for EMG, home care transportation for her ADL needs to continue per AME, a permanent non-motorized wheelchair, a neck brace,

neurology and neurosurgery consult for the hand weakness, a soft pillow for the wheelchair, and several other items. It is noted that a more comprehensive evaluation was not provided to show significant physical limitations and mobility that might support the request for the purchase of a vehicle. Physical exam findings suggesting severe disability preventing cell transport were not noted. There are no documented medical indications for which a vehicle will be used, other than the car is needed to visit the market and her family.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of a vehicle: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers Compensation, Online Edition Chapter: Knee & Leg (Acute & Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Labor Code 4600(a) and the FDA in 42 CFR 414.202

Decision rationale: Many people have cars, and they are not needed for medical purposes. Labor Code 4600(a) 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. This request is not medical care, and so cannot be reasonably addressed through utilization review. 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. Moreover, the need for the vehicle as needed, to do groceries and to visit family, is non-medical. These again are social, non-medical issues. Family for example could help with groceries, and visit her. Therefore, Purchase of a vehicle is not medically necessary.