MAXIMUS Federal Services

Case Number:	CM14-0022733		
Date Assigned:	06/11/2014	Date of Injury:	01/19/2006
Decision Date:	07/15/2014	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	02/24/2014

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 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 injured worker is a 58-year-old who reported a date of injury on January 19, 2006. The injury reportedly occurred when a scheduled abrupt stop in an elevator malfunctioned. His diagnoses were noted to include cervical spondylosis with myelopathy, sprains and strains of the lumbar region, sciatica, and abnormality of gait. His previous treatments were noted to be surgery, physical therapy, TENS (transcutaneous electrical nerve stimulation) unit, and medications. The progress note dated February 6, 2014 reported the injured worker was able to tolerate sitting for 20 to 25 minutes, standing for 20 to 25 minutes, and walking for less than 5 minutes. The progress note also reported the injured worker was able to drive with no difficulty; dress, groom, and shop with some difficulty; however, was unable to or required assistance to bathe, clean, or cook. The provider reported the injured worker has been working out at the gym for lower extremity strengthening and stabilization exercises, and uses a single point cane for balance and support. The request of authorization form was not submitted within the medical records. The request is for one van with scooter ramp and the physician's rationale was not submitted within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE VAN WITH SCOOTER RAMP: 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 and Leg, Durable Medical Equipment.

Decision rationale: The injured worker ambulates with a cane and goes to the gym to strengthen his bilateral lower extremities. The Official Disability Guidelines recommend if there is a medical need or if the device or system meets Medicare's definition of durable medical equipment. The Guidelines state most bathroom and toilet supplies do not customarily serve a medical purpose and are primarily used for convenience in the home. Medical conditions that result in physical limitations for injured workers may require injured worker education and modifications to the home environment for prevention of injury, but environmental modifications are considered not primarily medical in nature. Many assistive devices such as electric garage door openers, microwave ovens, and golf carts, were designed for the fully mobile, independent adult, and Medicare does not cover most of these items. The term durable medical equipment is defined as equipment which can withstand repeated use and can be normally rented or used by successive injured workers, is primarily and customarily used to serve a medical purpose, generally not useful to a person in the absence of an illness or injury, and is appropriate for use in the injured worker's home. There is a lack of documentation regarding the need for a van with a scooter ramp, being that the injured worker uses a cane for ambulation and is going to the gym to strengthen his bilateral lower extremities. The provider's rationale for a van with a scooter ramp was not submitted within the medical records. The Guidelines do not recommend durable medical equipment without a medical need, and it is unclear if a van with a scooter ramp is appropriate at this time. The request for one van with a scooter ramp is not medically necessary or appropriate.