

Case Number:	CM14-0026893		
Date Assigned:	06/13/2014	Date of Injury:	12/06/1994
Decision Date:	07/16/2014	UR Denial Date:	02/07/2014
Priority:	Standard	Application Received:	03/03/2014

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 Family Medicine and is licensed to practice in Texas 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:

Patient is a 51 year old male with a date of injury on 12/6/1994. Diagnoses include reflex sympathetic dystrophy that has spread to all extremities, status post upper and lower spinal cord stimulators, status post intrathecal morphine pump. Subjective complaints are of ongoing extremity pain. Office notes indicate that patient utilizes an electric wheelchair to get around and utilizes continuous home care. Physical exam shows no orthostatic changes, abnormal speech pattern, right sided weakness, allodynia and right footdrop. Submitted appeal documentation indicates that patient needs a conversion mini-van for transport of his electric wheelchair to his medical appointments. Documentation does show include evidence that suitable medical transportation services/providers are not available to take patient to his appointments.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONVERSION MINIVAN: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

Decision rationale: CA MTUS while silent on specific criteria for non-emergent transportation it does indicate that activities causing an increase in stress on the patient's condition tend to increase pain. Activities and postures that increase stress on the neck, back and extremities, including driving may require modification. For this patient, the request is for a conversion minivan to give patient a means of transportation that can carry him and his electric wheelchair to medical appointments. While it is apparent that this patient needs wheelchair assistance and help with transportation, the submitted documentation does not present why a medical transportation company could not provide services for this patient. Therefore, the medical necessity for purchase of a conversion minivan is not established.

HOSPITAL BED: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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: CMS.gov National coverage Determination for Hospital Beds.

Decision rationale: CA MTUS and the ODG are silent on criteria for the use of a hospital bed, therefore other guidelines were consulted. CMS guidelines indicate a fixed hospital bed can be required if :The patient's condition requires positioning of the body; e.g., to alleviate pain, promote good body alignment, prevent contractures, avoid respiratory infections, in ways not feasible in an ordinary bed. For a variable height bed CMS guidelines indicate it can be required for: Spinal cord injuries, including quadriplegic and paraplegic patients, multiple limb amputee and stroke patients. For those patients who are able to transfer from bed to a wheelchair, with or without help; or other severely debilitating diseases and conditions, if the variable height feature is required to assist the patient to ambulate. For this patient, there are severe and debilitating symptoms that would be helped by use of a hospital bed. Therefore, the requested use of a hospital bed is medically necessary.