

Case Number:	CM14-0051529		
Date Assigned:	07/07/2014	Date of Injury:	07/16/2010
Decision Date:	09/08/2014	UR Denial Date:	04/10/2014
Priority:	Standard	Application Received:	04/18/2014

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 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:

The injured worker is a 53 year old male injured on 07/16/10 due to an undisclosed mechanism of injury. The diagnoses include failure of fusion at C3-4 and C5-6, C3-4 cervical spinal stenosis, myelopathy due to central cord syndrome and right upper extremity radiculitis. The injured worker is status post anterior cervical discectomy and fusion, exploration of fusion, instrumented fusion posteriorly from C3-C6, laminectomy at C3-4 with right foraminotomy, spinal cord monitoring, and the use of allograft on 02/10/14, left total knee arthroplasty on 06/13/11, and right knee arthroscopic surgery on 06/13/11. The documentation indicates the injured worker reports continued complaints of significant postoperative pain with relief following epidural steroid injection at S1 bilaterally performed on 01/06/13. It is noted in the documentation the injured worker reported the ability to sit and stand for longer periods of time allowing participation in home physical therapy program. The injured worker utilized forearm crutches for ambulation due to fear of falling, the injured worker reported concern regarding size of motorized scooter, and has received approval for an ultra-light wheelchair for home use. The documentation indicates that the provider requested a chair lift recliner due to significant weakness of hip flexors and extensors resulting in the injured worker's difficulty with standing from seated position. A physical examination revealed wide based gait, ataxic, motion restrictions and weakness of the upper extremity muscle strength, motion restrictions and muscle weakness in the lumbar spine, difficulty with ambulation/weight bearing/sitting and sleeping. The custom van was requested due to difficulty getting into current vehicle, riding in vehicle, and sitting in the vehicle. The initial request for a handicap van custom package was initially non-certified on 04/10/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Handicap Van Custom Package: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Blue Cross and Blue Shield of California Medical Policy Durable Medical Equipment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic), Durable medical equipment (DME).

Decision rationale: As noted in the Official Disability Guidelines durable medical equipment is recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME). Medical conditions that result in physical limitations for patients 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. The use of a van with custom package is considered a convenience rather than a medical necessity. As such, the request for Handicap Van Custom Package cannot be recommended as medically necessary.