

Case Number:	CM14-0085324		
Date Assigned:	07/23/2014	Date of Injury:	07/19/2008
Decision Date:	09/29/2014	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	06/06/2014

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 Nevada. 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 43-year-old female who was reportedly injured on July 19, 2008. The mechanism of injury is noted as moving out of the way on the box of DVR's that was thrown at her. The most recent progress note dated May 5, 2014, indicates that there are ongoing complaints of low back pain. The physical examination demonstrated the ability of the injured employee to ambulate as she entered the examination room. There was tenderness at the right SI joint and a normal lower extremity neurological examination. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes a C6 - C7 anterior cervical discectomy and fusion, and L5 - S1 laminectomy/discectomy, and oral medications. A request was made for a retrofit vehicle for hand pedals for driving related to low back pain and was not certified in the pre-authorization process on May 27, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Retrofit vehicle for hand pedals for driving related to lower back injury as an outpatient.:
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, Power Mobility Devices, Updated August 25, 2014.

Decision rationale: It is unclear why there is a request for and controls for the injured worker's vehicle when the progress note dated May fifth 2014, indicates that the injured employee is able to ambulate and it was a normal lower extremity neurological examination. Considering this, the request for retrofit vehicle for hand pedals for driving related to lower back injury as an outpatient is not medically necessary.