

<b>Case Number:</b>	CM14-0089852		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	12/12/1999
<b>Decision Date:</b>	08/28/2014	<b>UR Denial Date:</b>	05/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/13/2014

### 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 Pain 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:

The injured worker is a 63-year-old male who sustained an injury to his low back on 12/12/99. The mechanism of injury was not documented. The records indicate that the injured worker is status post C5-6 and C6-7 anterior cervical decompression and fusion dated 2006, lumbar post-laminectomy syndrome, and status post L4-5 laminectomy in 2008, verbal tunnel syndrome and status post carpal tunnel release in 2009. The injured worker also suffers from epicondylitis of the bilateral lateral elbows, pain in joint shoulder, and long term use of medications. The injured worker has a history of falling. The progress report dated 04/10/14 noted that the injured worker continued to complain of cervical spine pain at 2-5/10 visual analog scale (VAS) and lumbar spine pain at 4-6/10 VAS. He continues to have moderate tenderness in the cervical and lumbar regions with moderate spasms; physical examination noted loss of range of motion of the cervical spine as a result of multiple fusions; carpal tunnel continued to have mild compression and tenderness; negative Phalen's and Tinel's signs; shoulder continues with moderate tenderness in range of motion with abduction and forward flexion; severely spastic gait; cervical myelopathy. The records indicate that the injured worker is often in his wheelchair and unable to use his electric scooter because he has no way to transport the scooter and the scooter does not fit into his house. It was recommended that the injured worker receive a van to accommodate his scooter, Americans with Disabilities Act accommodations for his home to include bathroom, referral to fall prevention center, 2 lift platforms for his front door and back door, and neurological consult.

### IMR ISSUES, DECISIONS AND RATIONALES

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

### **Motor Vehicle Van: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation

[http://www.bcbsnc.com/assets/services/public/pdfs/medicalpolicy/durable\\_medical\\_equipment\(dme\).pdf](http://www.bcbsnc.com/assets/services/public/pdfs/medicalpolicy/durable_medical_equipment(dme).pdf)Medically necessary.

**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 chapter, Durable medical equipment.

**Decision rationale:** The request for a motor vehicle van is not medically necessary. The previous request was denied on the basis that documentation does not clearly support the need for a motor vehicle van. The injured worker currently uses a wheelchair, which does not require a van for transportation. A motor vehicle is not considered medical equipment and therefore does not fall within the durable medical equipment guidelines. The Official Disability Guidelines state that durable medical equipment includes items that can withstand repeated use, can normally be rented, used by successive injured workers; is primarily and customarily used to serve a medical purpose; is generally not useful to a person in the absence of illness or injury and is appropriate for use in an injured worker's home. Given this, the request for a motor vehicle van is not indicated as medically necessary.

### **ADA Bathroom: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation

[http://www.bcbsnc.com/assets/services/public/pdfs/medicalpolicy/durable\\_medical\\_equipment\(dme\).pdf](http://www.bcbsnc.com/assets/services/public/pdfs/medicalpolicy/durable_medical_equipment(dme).pdf)Medically necessary.

**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 chapter, Durable medical equipment.

**Decision rationale:** Documentation noted that the injured worker is utilizing a wheelchair, which does not require modifications to the home. After reviewing, the clinical documentation submitted for review, there was no additional significant objective clinical information provided that would support reversing the previous adverse determination. Given this, the request for Americans with Disabilities Act bathroom is not indicated as medically necessary.

### **Lift platform ramp for front and back door: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation

[http://www.bcbsnc.com/assets/services/public/pdfs/medicalpolicy/durable\\_medical\\_equipment\(dme\).pdf](http://www.bcbsnc.com/assets/services/public/pdfs/medicalpolicy/durable_medical_equipment(dme).pdf)Medically necessary.

**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 chapter, Durable medical equipment.

**Decision rationale:** The request for two lift platform ramps for the front/back door is not medically necessary. Given that the injured worker is utilizing a wheelchair, which would not require platform ramps, the request was not indicated as medically appropriate. After reviewing the submitted clinical documentation provided for review, there was no additional significant objective clinical information provided that would support reversing the previous adverse determination. Given this, the request for two lift platform ramps for the front/back door is not indicated as medically necessary.

**Referral to [REDACTED]:** 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 chapter, Office visits.

**Decision rationale:** It was noted on more than 1 note that the injured worker has had recent falls, but it is not clear if this is attributed to dizziness or lower extremity weakness, or environment; the documentation did not contain physical examination findings suggesting the injured worker has weak lower extremities. Therefore, the request was not indicated as medically appropriate. After reviewing the clinical documentation submitted for review, there was no additional significant objective clinical information that would support reversing the previous adverse determination. Given this, the request for referral to [REDACTED] is not indicated as medically necessary.

**Referral to [REDACTED]:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Office visits.

**Decision rationale:** The Official Disability Guidelines state that the need for a clinical office visit with a health care provider is individualized based on review of the injured worker's concerns, signs, symptoms, clinical stability, and reasonable physician judgment; however, there was no indication as to why the injured worker needed to be referred specifically to the [REDACTED] neurology department. Given this, the request for a referral to [REDACTED] is not indicated as medically necessary.