

<b>Case Number:</b>	CM14-0096224		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	05/14/2008
<b>Decision Date:</b>	09/30/2014	<b>UR Denial Date:</b>	06/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/24/2014

### 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 & Rehabilitation and is licensed to practice in Illinois. 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 48-year-old male who reported an injury on 05/14/2008 due to being run over by a fork lift and sustained a pelvic fracture and numerous orthopedic fractures. Diagnoses were neuropathy and other diseases; lumbar disc displacement without myelopathy; thoracic or lumbosacral neuritis or radiculitis not otherwise specified; neuralgia, neuritis and radiculitis not otherwise specified. Past treatments have been injections and physical therapy. The injured worker has had numerous diagnostic studies. Surgical history was pelvis open reduction internal fixation, right femur IM nail for femur fracture, right ankle syndesmotom screw for fibular fracture. The injured worker has multiple pain complaints. They range from lower back to pelvis. Examination of the neck revealed range of motion of the neck was normal. Spurling's maneuver produced no pain. Examination of the lumbar spine revealed paravertebral muscles, tenderness was noted on both sides. All lower extremity reflexes were equal and symmetric. Spinous process tenderness was noted on both sides at L4 and L5. Straight leg raise test was positive. Faber test was positive. The injured worker was in the office with a cane in his left hand because of the right leg weakness. Medications were Norco, Prilosec, docusate sodium, naproxen, Neurontin, bupropion, Viibryd, Remeron, Latuda, Pristiq, Tramadol. Treatment plan was to continue medications as prescribed and request of referral for a second opinion for urologist. The rationale and Request for Authorization were not submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ramp for Scooter maintenance- possible battery repair/ replacement: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- (DME).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Durable Medical Equipment.

**Decision rationale:** The decision for Ramp for Scooter maintenance- possible battery repair/ replacement is not medically necessary. The Official Disability Guidelines for durable medical equipment recommends generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment. The term durable medical equipment is defined as equipment which can withstand repeated use, i.e., could normally be rented and be used by successive patients, and is primarily and customarily used to serve a medical purpose. It should generally not be useful to a person in the absence of illness or injury and is appropriate for use in the patient's home. The injured worker was reported to have been using canes to ambulate with. The medical necessity was not reported why the injured worker needs a ramp for scooter maintenance. The injured worker is able to ambulate. Therefore, it is not medically necessary.