

Case Number:	CM14-0138091		
Date Assigned:	01/15/2015	Date of Injury:	11/02/1999
Decision Date:	04/13/2015	UR Denial Date:	06/02/2014
Priority:	Standard	Application Received:	08/26/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, Arizona
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 76-year-old male who reported an injury on 11/02/1999. The mechanism of injury was not provided. His diagnoses include cervicgia, cervical disc degeneration, sciatica, lumbar disc displacement, thoracic spinal stenosis, thoracic disc degeneration, paraplegia, major depression, muscle spasm, and pressure ulcer of the buttock. His past treatments were noted to include medications, epidural steroid injections, cervical discectomy and fusion, wound therapy, and home health services. At his follow-up appointment on 05/22/2014, it was noted that his home health nurses have suggested that he get a referral for physical therapy, but the injured worker indicated that he did not want physical therapy as he had no pain and no specific weakness in his arm/trunk. However, it was noted that injured worker felt he could benefit from the use of a vehicle that is modified with hand controls for him to use, as well as access for his manual wheelchair. He felt this would help him be able to get out of the house more, go to church, go grocery shopping, etc. Within the assessment, it was noted that the injured worker had paraplegia and was stable with no active infections and was mentally and physically an excellent candidate for a modified vehicle.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Modified hand controlled vehicle: 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 & leg, Durable medical equipment (DME).

Decision rationale: According to the Official Disability Guidelines, durable medical equipment is defined as equipment which can withstand repeated use and could normally be rented and used by successive patients; is primarily and customarily used to serve a medical purpose; is generally not useful to a person in the absence of injury or illness; is appropriate for use in the patient's home. The clinical information submitted for review indicated that the injured worker felt he would be able to get out of the house more and perform more errands with a modified hand controlled vehicle. However, as this equipment would not serve a primary medical purpose, it is not defined as durable medical equipment according to the guidelines. As such, the request is not medically necessary.