

Case Number:	CM15-0148253		
Date Assigned:	08/11/2015	Date of Injury:	02/08/2012
Decision Date:	09/14/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/30/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 29-year-old who has filed a claim for chronic neck and shoulder pain reportedly associated with an industrial injury of February 8, 2012. In a Utilization Review report dated June 30, 2015, the claims administrator failed to approve requests for adaptive equipment and an associated driving evaluation. A May 26, 2015 office visit was referenced in the determination. On May 26, 2015, the applicant reported ongoing issues with left upper extremity weakness and discomfort about the shoulder girdle. Obvious atrophy about the left calf and left shoulder was reported. The applicant was on baby aspirin. The applicant had undergone a C2 vertebral plasty status post earlier cervical fusion surgery. The applicant had also undergone an axillary artery transection status post stent placement as well as open reduction and internal fixation of clavicular and ankle fractures. The applicant had also sustained a pulmonary contusion, internal derangement of the knee, and bilateral fibular fractures, it was reported. The applicant was apparently not taking any medications. It was suggested (but not clearly stated) that the applicant had gait deficits requiring usage of ankle-foot orthosis. The applicant was off of work, it was acknowledged. The attending provider seemingly suggested that the applicant undergo a driving evaluation. In a June 22, 2015 RFA form an unspecified adaptive equipment and a driving evaluation were sought. On May 26, 2015, it was again stated that the applicant would remain off of work. The applicant's gait was not clearly described or characterized.

IMR ISSUES, DECISIONS AND RATIONALES

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

Adaptive Equipment/ Driving Evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Highway Traffic Safety Administration-Functional Impairment or Medical Condition-Physical Limitations.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 34.

Decision rationale: No, the request for unspecified adaptive equipment and a driving evaluation is not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 2, page 34, it is incumbent upon an attending provider to communicate "specialized equipment requirements" in said physician's communications with an employer. By implication/analogy, it was incumbent upon the requesting physician to clearly state what adaptive equipment was being sought or proposed to facilitate the applicant's driving. Neither the attending provider's June 22, 2015 RFA form or the attending provider's May 26, 2015 progress note clearly identified precisely what adaptive equipment was proposed to facilitate the applicant's driving. The request, thus, as written, cannot be supported owing to the fact that the requesting provider failed to outline precisely what adaptive equipment was being sought. Therefore, the request is not medically necessary.