

<b>Case Number:</b>	CM15-0187924		
<b>Date Assigned:</b>	09/29/2015	<b>Date of Injury:</b>	06/02/2005
<b>Decision Date:</b>	11/09/2015	<b>UR Denial Date:</b>	09/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/24/2015

### 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: 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 injured worker is a 51 year old male, who sustained an industrial injury on 6-2-2005. The medical records indicate that the injured worker is undergoing treatment for C5 quadriplegia and bilateral above the knee amputations. According to the progress report dated 8-27-2015, the injured worker was brought in by ambulance on a gurney. He states that since his last visit he is living at home. He has not been able to get out because of problems getting out of the house and wheelchair problems. The physical examination did not reveal any significant findings. The current medications are Ketamine 10% cream. Per notes, he is looking forward to going to HELP program. The treatment plan includes wheelchair modifications. He needs counter weights in his wheelchair to compensate for his above the knee amputations, harness to keep him in the wheelchair, as well as platform modification for his portable ramp to help him get in and out of the house. The original utilization review (9-7-2015) had non-certified a request for wheelchair modification for portable ramp.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 Wheelchair Modification for Portable Ramp: 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 Chapter/Durable Medical Equipment (DME) Section.

**Decision rationale:** Recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME) below. Most bathroom and toilet supplies do not customarily serve a medical purpose and are primarily used for convenience in the home. Medical conditions that result in physical limitations for patients may require patient education and modifications to the home environment for prevention of injury, but environmental modifications are considered not primarily medical in nature. Certain DME toilet items (commodes, bed pans, etc.) are medically necessary if the patient is bed- or room-confined, and devices such as raised toilet seats, commode chairs, sitz baths and portable whirlpools may be medically necessary when prescribed as part of a medical treatment plan for injury, infection, or conditions that result in physical limitations. Many assistive devices, such as electric garage door openers, microwave ovens, and golf carts, were designed for the fully mobile, independent adult, and Medicare does not cover most of these items. The term DME is defined as equipment which: (1) Can withstand repeated use, i.e., could normally be rented, and used by successive patients; (2) Is primarily and customarily used to serve a medical purpose; (3) Generally is not useful to a person in the absence of illness or injury; & (4) Is appropriate for use in a patient's home. This request is not consistent with the definition of DME because a portable ramp does not serve a medical purpose, so it cannot be medically necessary. The request for 1 Wheelchair Modification for Portable Ramp is not medically necessary