

<b>Case Number:</b>	CM15-0194899		
<b>Date Assigned:</b>	10/08/2015	<b>Date of Injury:</b>	11/30/2010
<b>Decision Date:</b>	11/18/2015	<b>UR Denial Date:</b>	10/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/05/2015

### 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: North Carolina

Certification(s)/Specialty: Family Practice

### 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 49 year old female, who sustained an industrial injury on 11-30-2010. The injured worker was being treated for angioedema, asthma, and bronchitis. Medical records (6-30-2015 to 7-14-2015) indicate the injured worker reported weakness and pain all over. The physical exam (6-30-2015 to 7-14-2015) revealed clearing of the lungs and continued trach drainage. Medical records (9-15-2015) indicate the injured worker presented for follow-up of ongoing tapering of her steroid medication. The treating physician noted that the continued use of steroids was causing her weakness and she had fallen a few times when her knees gave out. The treating physician noted the injured worker has increased shortness of breath, an increased choking feeling, and angioedema symptoms with steroid doses less than her current dose of 10 mg. The treating physician noted increased symptoms during hot weather and a staying in a cooler area, probably coastal, would be beneficial. In addition, the treating physician noted due to the injured worker's difficulty walking far distances due to joint weakness, unstable gait, and having fallen multiple times she needs "a means of transportation, possible a van for her scooter." She reported being given a motorized scooter that was too heavy for her car. The physical exam (9-15-2015) revealed a clear throat, clean trach, clear breath sounds, and weakness of the knees. Treatment has included self-suctioning, a motorized scooter, and medications including oral pain, topical pain, anti-epilepsy, proton pump inhibitor, antidepressant, steroids, antihistamines, a bronchodilator inhaler, and allergy-asthma (Singulair). Per the treating physician (9-15-2015 report), the injured worker is to remain off work. On 9-16-2015, the requested treatments included relocation to a cooler climate (i.e. coastal area) and a van for transportation that includes a lift for electric scooter. On 10-1-2015, the original

utilization review non-certified requests for relocation to a cooler climate (i.e. coastal area) and a van for transportation that includes a lift for electric scooter.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Relocation to a cooler climate (i.e. coastal area) qty 1: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): General Approach to Initial Assessment and Documentation.

**Decision rationale:** The California MTUS and the ACOEM do not specifically address the requested service. A search of the medical literature finds no documentation that would support the requested service. There is no documentation in the medical records that would indicate that the patient has a medical condition that would require a move in climate to necessitate treatment. Therefore the request is not medically necessary.

#### **Purchase of a van for transportation that includes a lift for electric scooter qty 1.: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Durable medical equipment (DME).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) durable medical equipment.

**Decision rationale:** The California MTUS and the ACOEM do not specifically address the requested item. Per the Official Disability Guidelines section on durable medical equipment, DME is primarily and customarily used to serve a medical purpose and generally not useful to a person in the absence of illness or injury. DME equipment is defined as equipment that can withstand repeated use i.e can be rented and used by successive patients; primarily serves a medical function and is appropriate for use in a patient's home. The requested DME does not serve a purpose that cannot be accomplished without it. The prescribed equipment does not meet the standards of DME per the ODG. The included physical exam does not show limitations or deficits that necessitate the request that cannot be accomplished without the device. Therefore the request is not medically necessary.