

<b>Case Number:</b>	CM15-0207371		
<b>Date Assigned:</b>	10/28/2015	<b>Date of Injury:</b>	12/14/2010
<b>Decision Date:</b>	12/09/2015	<b>UR Denial Date:</b>	10/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2015

### 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: New Jersey

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 70 year old male, who sustained an industrial injury on 12-14-10. The injured worker was diagnosed as having status post-traumatic left tibia compound fracture with ORIF and residual deformity and spinal stenosis with multilevel neural foraminal stenosis at L3- S1. Subjective findings (7-14-15, 9-8-15) indicated severe stool incontinence, fair control of blood sugars and erratic behavior. The injured worker is currently residing in an assistive living facility. The treating physician noted that due to the injured worker's size, girth and difficulty with movement he does not tolerate a regular car. There is no documentation that the injured worker has tried and failed a medical transport service for transportation to appointments. Objective findings (7-14-15, 9-8-15) revealed unstable gait and cane assisted with forward decompensated stance. Treatment to date has included physical therapy, a home health nurse and psychiatric treatments. The Utilization Review dated 10-2-15, non-certified the request for a purchase of a home van.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Purchase of a home van:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Anthem, Clinical UM Guideline, Subject: Durable Medical Equipment.

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

**Decision rationale:** The MTUS Guidelines are silent in regards to durable medical equipment (DME) such as a van purchase. The ODG, however, states that durable medical equipment may be recommended generally if there is a medical need and if the device or system meets Medicare's definition of a DME: 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; and 4. Is appropriate for use in a patient's home. Under these criteria, a van would not qualify as reasonable and medically necessary equipment for the diagnoses listed for this worker. There also was no mention of an attempt to seek transportation from a friend or relative or paid service before considering purchasing a van for transportation. Therefore, this request for purchase of a home van is not medically necessary.