MAXIMUS Federal Services

Case Number:	CM15-0220930		
Date Assigned:	11/16/2015	Date of Injury:	12/19/2014
Decision Date:	12/30/2015	UR Denial Date:	10/09/2015
Priority:	Standard	Application Received:	11/10/2015

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, District of Columbia, Maryland
Certification(s)/Specialty: Anesthesiology, Pain Management

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 34-year-old male, with a reported date of injury of 12-19-2014. The diagnoses include lumbar stenosis compression of cauda equina, cervical radiculopathy with left shoulder pain and elevation, and lumbar radiculopathy. The medical report dated 09-28-2015 indicates that the injured worker previously had redness to the incision and wound drainage. He was admitted to the hospital for IV antibiotics and observation. Currently, the injured worker felt that he was less functional than he was a month prior in terms of strength. He stated that his legs and groin were still completely numb, except for the left thigh, which was starting to have pins and needles. The physical examination showed moderate redness of the lumbar spine incision, but there was no drainage and bilateral lower extremity numbness. The medical report dated 08-28-2015 indicates that the injured worker reported numbness with some pain into the left calf. He felt this was improvement as he had some sensation. The injured worker stated that his weakness was stable. The physical examination showed grossly intact right lower extremity with some giveaway; decreased strength in the left lower extremity with giveaway due to pain; minimal swelling to the bilateral lower extremity; some tenderness to touch; and no drainage from the incision. The diagnostic studies to date have included an MRI of the cervical spine on 05-13-2015 which showed stable posterior disc bulge at C5-6, stable left lateral disc bulge and marginal spondylosis and uncovertebral spurring with moderate left foraminal stenosis; an MRI spine on 05-13-2015 which showed chronic changes at L1-2 with kyphosis and diffuse posterior disc bulge with central canal stenosis, disc degeneration with minimal disc bulge at L2-3, and no acute abnormalities; an MRI of the lumbar spine on 08-16-2015 which showed stable unchanged

moderate broad posterior disc protrusion with extruded disc component extending caudally; a CT scan of the cervical spine on 08-17-2015 which showed minimal degenerative changes at C5-6, and neural foraminal narrowing at C6-7 on the left; an MRI of the lumbar spine on 09-09-2015 which showed combinations of central disc extrusion and posterior paraspinal swelling at the level of L1-2 which caused moderate central canal stenosis; and Doppler of the bilateral lower extremities on 08-28-2015 with normal findings. Treatments and evaluation to date have included Percocet, Gabapentin, methocarbamol, Oxycodone, Cyclobenzaprine, Tramadol, and physical therapy. The treating physician requested hand controls to be installed in current vehicle. On 10-09-2015, Utilization Review (UR) non-certified the request for hand controls to be installed in current vehicle.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hand Controls to be installed in Current Vehicle: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg chapter.

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.

Decision rationale: The MTUS CPMTG and ACOEM guidelines are silent on this issue. Per the ODG guidelines, durable medical equipment is recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME) below. The ODG states that DME is defined as a device that can withstand repeated use, is primarily and customarily used to serve a medical purpose, generally is not useful to a person in the absence of illness or injury, and is appropriate for use in a patient's home. DME includes bathroom and toilet supplies, assistive devices, TENS unit, home exercise kits, cryotherapy, orthoses, cold/heat packs, etc. A hand control for operating a vehicle would not meet the guidelines to qualify as durable medical equipment as it would not normally be used to serve a medical purpose and it is generally useful to a person in the absence of injury or illness. Furthermore, given the injured worker's clinical findings and diagnosis, hand controls are not indicated. The request is not medically necessary.