

Case Number:	CM15-0056704		
Date Assigned:	04/01/2015	Date of Injury:	03/26/2007
Decision Date:	05/06/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	03/25/2015

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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 54 year old male who sustained a work related injury March 26, 2007. While standing on the back of a truck, the driver began to drive away unexpectedly, causing him to fall approximately 5-6 feet to the ground. He was diagnosed with a grade 3 left ankle sprain with an avulsion fracture of the distal fibula and an injury to the lumbar spine. He underwent an L4-5, L5-S1 right laminotomy lateral recess decompression and foraminotomy, July 13, 2009. According to a physician's periodic office visit notes, dated February 11, 2015, the injured worker presented with back pain radiating from the low back down both legs, rated 8/10. He stated that his pain has increased, as his medications have not been authorized for the past 5 months. He also stated that the lift he uses for his scooter in his car has broken and would like to request a new lift. Diagnoses included disc disorder, lumbar; post lumbar laminectomy syndrome; and depression with anxiety. Treatment plan included refill of medications, walk for exercise as tolerated, discussion regarding opioid medication, and request repair of car lift for motorized scooter.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repair Car Lift for Motorized Scooter: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain (Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Durable Medical Equipment (DME) and Exercise Equipment and Other Medical Treatment Guidelines Medicare.gov, durable medial equipment.

Decision rationale: MTUS and ACOEM are silent regarding the medical necessity of Repair Car Lift for Motorized Scooter. ODG does state regarding durable medical equipment (DME), "Recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME) below" and further details "Exercise equipment is considered not primarily medical in nature." Medicare details DME as: Durable and can withstand repeated use. Used for a medical reason. Not usually useful to someone who isn't sick or injured. Appropriate to be used in your home. The Official Disability Guidelines (ODG) Knee, Durable Medical Equipment (DME) and Exercise Equipment does not meet the criteria for durability and home use per Medicare classification. There is no medical necessity for a Repair Car lift. As such, the request for Repair Car Lift for Motorized Scooter is not medically necessary.