MAXIMUS Federal Services

Case Number:	CM15-0059273		
Date Assigned:	04/03/2015	Date of Injury:	09/04/2010
Decision Date:	05/08/2015	UR Denial Date:	03/09/2015
Priority:	Standard	Application Received:	03/27/2015

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, 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 62-year-old male who sustained an industrial injury on September 4, 2010. He has reported back and bilateral lower leg pain and has been diagnosed with paraplegia not otherwise specified, adhesive capsulitis of shoulder, abnormal involuntary movement not elsewhere classified, neurogenic bladder, malnutrition of mild degree, neurogenic bowel, joint derangement not elsewhere classified of upper arm, and malaise and fatigue. Treatment has included surgery, medications, and a home exercise program. Currently the injured worker had very limited range of motion actively and passively of the shoulder in all planes. The lower limbs revealed improved muscle bulk in the entire lower limbs with clonus bilaterally. The treatment plan included durable medical equipment; motor vehicle with hand controls.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME Purchase; Motor vehicle with hand controls: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Umphred's Neurological Rehabilitation, 6th Edition, Darcy Umphred, et al., pages 490-491.

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: CA MTUS does not address the provision of a motor vehicle with hand controls. Durable medical equipment is defined as an item, which provides therapeutic benefits or enables the member to perform certain tasks that he or she is unable to undertake otherwise. The patient has a power cart and wheel chair to assist in his mobility. The request is for a motor vehicle with hand controls to further enhance his mobility. A recent examination notes that he has improved muscular function in his lower extremities and that he has difficulty walking and running. The basis for the request for a new motor vehicle is secondary to mechanical issues he is having with his current van. A new motor vehicle is not specifically required to ensure subjective, objective and functional benefit to his condition and is deemed not medically necessary.