

Case Number:	CM14-0110407		
Date Assigned:	08/01/2014	Date of Injury:	12/30/2013
Decision Date:	09/29/2014	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	07/15/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 50-year-old male who reported an injury on 12/30/2003. The mechanism of injury was not submitted in the report. The injured worker has a diagnosis of pain in joint lower leg. Past medical treatment consists of the use of a TENS unit, physical therapy, and medication therapy. Medications include naproxen, Senokot, Ultram, Pristiq, and Flexor. On 06/26/2004, the injured worker complained of lower extremity pain. The examination revealed that the injured worker had normal muscle tone without atrophy in the right lower extremity. Muscle strength was extremely difficult to assess due to the injured worker's entire upper and lower extremities were in pain. There was bilateral joint line tenderness and pain with range of motion. The treatment plan is for the injured worker to undergo a formal driving evaluation. The provider feels that the injured worker might need assistance with driving devices. The Request for Authorization form was submitted on 09/25/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Formal driving evaluation/ergo to determine needs for driving assistance devices.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Head chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head, Driver assessment & training.

Decision rationale: The request for formal driving evaluation/ergo to determine needs for driving assistance devices is not medically necessary. According to the Official Disability Guidelines (ODG), driver assessment and training is recommended as occupational therapy assessment for drivers with disabilities, including brain injury. An occupational therapist certified as a driver rehab specialist has advanced training and specialized skills in the area of driving. The submitted report did not indicate that the injured worker had any type of brain injury or disability. Furthermore, the submitted report did not include a rationale to warrant the assistance of driving devices. As such, the request for formal driving evaluation/ergo to determine needs for driving assistance devices is not medically necessary.