

<b>Case Number:</b>	CM14-0118773		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	02/02/2006
<b>Decision Date:</b>	09/30/2014	<b>UR Denial Date:</b>	07/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/29/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in California. 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 58-year-old male who reported an injury on 02/02/2008. He reportedly sustained injuries while lifting a 220 pound machine with assistance while at work. The injured worker sustained injuries to the trunk and back. It was documented that the injured worker was currently working. Previous treatment history included CT scans, MRI studies, x-rays, medications, and surgery. The injured worker was evaluated on 06/26/2014. It was documented the injured worker continued to experience 7/10 pain in his back, legs, and knees, and also in his right wrist. He was currently taking Effexor 75 mg once daily, Percocet 5/325 mg twice daily, and Norco 5/325 mg once daily, Celebrex 200 mg once daily, and Flexeril 7.5 mg twice daily. Physical examination of the lumbar spine revealed flexion was 30 degrees, extension was 10 degrees caused by back pain, and 4/5 bilateral quadriceps weakness was noted, bilateral 2/5 tibialis anterior, and no movement was noted in the EDB, peroneus or toe flexors. Patellar and Achilles reflexes were 0. PHQ-9 psychological testing score was 7/30, straight leg raise bilaterally at 80 degrees caused back pain. The provider noted the injured worker required hand brake control for a second automobile that is necessary for personal and work use. The injured worker required approval of support braces for foot drop secondary to radicular weakness from work related lumbar injury. Diagnoses included status post L2 through L4 fusion and L2-3 laminectomy, bilateral L3, L4, and L5 radiculopathy with bilateral foot drop, severe reactive depression responding to medication, bilateral meniscal tears, and grade 4 chondromalacia. Request for Authorization was not submitted for this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hand Brake control for 2nd auto: Upheld**

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

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

**Decision rationale:** The Expert Reviewer based his/her decision on the Non-MTUS Official Disability Guidelines (ODG) Guidelines (ODG) Knee & Leg Durable Equipment. The Expert Reviewer's decision rationale: According to the Official Disability Guidelines (ODG) state that "Durable medical equipment the home. Medical conditions that result in physical limitations for patients may require patient education and modifications to the home environment for prevention of injury, but environmental modifications are considered not primarily medical in nature. Certain DME toilet items (commodes, bed pans, etc.) are medically necessary if the patient is bed- or room-confined, and devices such as raised toilet seats, commode chairs, sitz baths and portable whirlpools may be medically necessary when prescribed as part of a medical treatment plan for injury, infection, or conditions that result in physical limitations. Many assistive devices, such as electric garage door openers, microwave ovens, and golf carts, were designed for the fully mobile, independent adult, and Medicare does not cover most of these items." The provider failed to indicate the rationale why he was requesting for hand brake control for 2nd auto. In this case, a hand brake control for 3rd auto is not a medical device. As such, the request for a hand brake control 2nd auto is not medically necessary.