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| Case Number: | CM14-0123679 | | |
| Date Assigned: | 09/16/2014 | Date of Injury: | 06/16/2010 |
| Decision Date: | 10/23/2014 | UR Denial Date: | 07/17/2014 |
| Priority: | Standard | Application Received: | 08/05/2014 |

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 Internal Medicine, has a subspecialty in Pulmonary Disease 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 45-year-old male who reported an injury on 06/06/2010 reportedly while he was operating a sitting lawnmower when he sneezed and hit a hole at the same time, resulting in injury to his lower back. The injured worker's treatment history included anterior/posterior lumbar spinal fusion, lumbar spinal cord stimulator, medications, and MRI studies. The injured worker was evaluated on 07/09/2014, and it was documented the injured worker complained of bilateral neck, upper back, middle back, bilateral lower back, left upper extremity, right upper extremity, and left lower extremity pain. With medications, the injured worker rated his pain as 3/10 on the pain scale, and without medications, the injured worker rated his pain as 10/10 on the pain scale. The injured worker was taking his medications as prescribed, and stated the medications as effective. Physical examination of the cervical spine revealed straining of the spine with loss of normal cervical lordosis and surgical scar, well healed. Range of motion was restricted with right lateral bending, left lateral bending, and lateral rotation to the left, and lateral rotation to the right. Lumbar spine revealed range of motion was restricted flexion, right lateral bending, left lateral bending, and lateral rotation to the left, and lateral rotation to the right. Straight leg raising test was positive on both sides in a sitting at 45 degrees. Diagnoses included status post anterior/posterior L5-S1 fusion on 04/21/2011, postoperative neurogenic bladder, failed back syndrome, and postoperative neck pain with MRI evidence of disc bulge and osteophytes at C6-7 and C7-T1. 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:

Retrospective request for date of service July 2, 2014 for wire install kit; vehicle lift, Tri Lift; tilt actuator for vehicle lift; tilt option for lift and bracket adapter: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Duration Guidelines, Treatment in Workers Compensation, 2014 web-based edition; California MTUS guidelines, web-based edition, <http://www.dir.ca.gov/t8/ch4-5sb1a5-5-2.html>

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 requested is not medically necessary. According to the Official Disability Guidelines (ODG) state that Durable medical equipment is for 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 vehicle lift for the car for the injured worker. As such, the request for Retrospective request for date of service July 2, 2014 for wire install kit; vehicle lift, Tri Lift; tilt actuator for vehicle lift; tilt option for lift and bracket adapter is not medically necessary.