

Case Number:	CM14-0124567		
Date Assigned:	08/08/2014	Date of Injury:	02/11/1998
Decision Date:	10/15/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	08/06/2014

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 patient is a 64 year old male who was injured on 02/11/1998. The mechanism of injury is unknown. The patient underwent left shoulder arthroscopic acromioplasty and rotator cuff repair. Prior treatment history has included lumbar epidural steroid injection which provided 40-50% improvement for one week. Progress report dated 07/28/2014 states the patient presented with low back pain radiating down both legs. His pain level has increased and rates it as 6/10 with medications and 8/10 without medications. His activity level has decreased and without his medications he is unable to participate in activities. He is awaiting authorization for a taller Walker without wheels and schedule for shoulder surgery. On exam, range of motion of the cervical spine is restricted with flexion to 35 degrees; extension limited to 25 degrees. There is tenderness and tight muscle band noted on both sides. The lumbar spine range of motion is restricted with flexion limited to 20 degrees; extension limited to 5 degrees. There is tenderness of the spinous process on L4 and L5. Lumbar facet loading is positive on both sides. The shoulder revealed tenderness of the acromioclavicular joint, biceps groove, glenohumeral joint and subdeltoid bursa. He is diagnosed with lumbar facet syndrome, radiculopathy, lumbar spine degenerative disk disease, low back pain, and post cervical laminectomy syndrome. He is requesting a remote control garage door and opener as the patient reports it is difficult to lift his manual garage door. Prior utilization review dated 08/06/2014 states the request for Durable Medical Equipment (DME) -Remote Controlled Garage Door with Remote Opener is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Durable Medical Equipment (DME) -Remote Controlled Garage Door with Remote Opener: Upheld

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

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 (DME)

Decision rationale: CA MTUS guidelines is silent regarding the request. ODG state that many assistive devices such as electric garage door openers were designed for the fully mobile, independent adult, and Medicare does not cover most of these items. The medical records document mild shoulder weakness but do not show significant disability leading to inability to open a manual garage door. Therefore, the medical necessity of this request is not established.