

<b>Case Number:</b>	CM14-0183663		
<b>Date Assigned:</b>	11/10/2014	<b>Date of Injury:</b>	05/05/2011
<b>Decision Date:</b>	12/30/2014	<b>UR Denial Date:</b>	10/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2014

### 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 Occupational Medicine 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 67-year-old female who has submitted a claim for chronic pain syndrome, anxiety, pelvic joint pain, leg length discrepancy, essential hypertension, and medial epicondylitis associated with an industrial injury date of 5/5/2011. There is no progress report submitted for review. Per utilization review, the injury occurred when the patient lifted a wheelchair, lost her balance, and heard a pop at the lumbar area. The patient complained of chronic right hip pain. She appeared to be in mild distress, anxious, and depressed. She stooped while ambulating using a cane. Gait was antalgic. Patient is currently awaiting hip surgery. There is no documentation concerning treatments rendered to the patient. The utilization review from 10/23/2014 denied the request for purchase of [REDACTED], tailgate lift for sedan for power scooter because of insufficient documentation indicating its necessity in the assistance of activities of daily living.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Purchase of [REDACTED], tailgate lift for sedan for power scooter: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Section, Durable medical equipment (DME)

**Decision rationale:** The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines (ODG), Knee Section was used instead. It states that durable medical equipment (DME) is defined as a device that can withstand repeated use, is primarily and customarily used to serve a medical purpose, generally is not useful to a person in the absence of illness or injury, and is appropriate for use in a patient's home. DME includes bathroom and toilet supplies, assistive devices, TENS unit, home exercise kits, cryotherapy, orthoses, cold/heat packs, etc. In this case, there is not a single progress report submitted for review. There is no documented rationale for this request. The medical necessity cannot be established due to insufficient information. Therefore, the request for purchase of [REDACTED], tailgate lift for sedan for power scooter is not medically necessary.