

Case Number:	CM15-0012663		
Date Assigned:	01/30/2015	Date of Injury:	11/18/2008
Decision Date:	03/19/2015	UR Denial Date:	12/29/2014
Priority:	Standard	Application Received:	01/21/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California, Indiana, New York
Certification(s)/Specialty: Internal Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 69-year-old male sustained a work-related injury to the back, right hip and right ankle and the bilateral shoulders and wrists on 11/18/2008. Progress notes dated 12/15/2014 state his diagnosis as lumbosacral spondylosis. He reports moderate pain in the back and legs and increased bilateral shoulder pain. He has had bilateral hip total arthroplasty with revisions and an ankle replacement. Previous treatments included medications, physical therapy, surgery and use of a motorized wheelchair for mobility. The treating provider requests a lower floor Braun or VMI accessible minivan with power ramp kneeling system. The Utilization Review on 12/29/2014 non-certified a lower floor Braun or VMI accessible minivan with power ramp kneeling system, citing Anthem Utilization Management Guidelines for durable medical equipment.

IMR ISSUES, DECISIONS AND RATIONALES

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

A lower floor braun: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Anthem. Clinical UM guideline

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation
http://www.anthem.com/medicalpolicies/guidelines/gl_pw_a053621.htm

Decision rationale: Pursuant to Anthem Durable Medical Equipment Guidelines, Lower Floor Braun is not medically necessary. Durable medical equipment is any equipment that meets ALL the following requirements: provides therapeutic benefits or enables the individual to perform certain tasks that he or she is unable to undertake otherwise due to certain medical conditions or illnesses; and can withstand repeated use; and is primarily and customarily used to serve a medical purpose; and generally is not useful to a person in the absence of an illness or injury; and is appropriate for use in the home but may be transported to other locations to allow the individual to complete instrumental activities of daily living (IADL), which are more complex tasks required for independent living. DME is Not Medically Necessary: Items not meeting the above criteria are considered not medically necessary including, but not limited to ANY of the following situations: The item is intended to be used for athletic, exercise, or recreational activities as opposed to assisting the individual in the activities of daily living (either ADLs or IADLs); or The item is intended for environmental control or a home modification (e.g., electronic door openers, air cleaners, ramps, elevators, stair glides, wheelchair attachments or accessories for stair-climbing, etc.); or The item includes an additional feature or accessory, or is a non-standard or deluxe item that is primarily for the comfort and convenience of the individual (e.g., customized options on wheelchairs, hand controls to drive, electric vehicle lifts for wheelchairs, etc.); or The item is specifically designed for outdoor use (e.g., specially designed manual wheelchairs for beach access, specially designed power mobility devices for rough terrain, manual wheelchairs for sports, etc.); or The item represents a duplicative piece of equipment that is intended to be used as a backup device, for multiple residences, or for traveling, etc. (e.g., back-up manual wheelchair when a power wheelchair is the individual's primary means of mobility, a second wheeled mobility device specifically for work or school use, car seats); or The item represents a product upgrade to a current piece of equipment that is either fully functional or replacement of a device when the item can be cost-effectively repaired. In this case, the injured worker's working diagnoses are status post right total hip arthroplasty for osteoarthritis and osteonecrosis of the right hip; status post revision right total hip arthroplasty or broken implant and peri-prosthetic fracture; Osteolysis and polyethylene wear, left acetabular implant; broken locking ring with the constrained left total hip arthroplasty cup; generalized osteoarthritis; spondylosis/degenerative disc disease spinal stenosis and degenerative scoliosis of the lumbar spine; that is both right total ankle arthroplasty for osteoarthritis; osteoarthritis with stiffness bilateral shoulders; ulnar neuropathy, right upper extremity diminished grip strength; and median nerve neuropathy, probable carpal syndrome left upper extremity. The documentation in the subjective portion of the December 16, 2014 progress note states the wheelchair weighs a substantial amount (greater than or equal to 350 pounds). He is not able to use the wheelchair outside of his home because of the weight and is not able to transport it. The injured worker ambulates with a mixed trendelenburg and antalgic limp. The definition for durable medical equipment is enumerated above. However, durable medical equipment is not medically necessary if the item is a non-standard or deluxe item that is primarily for the comfort and convenience of the individual. Consequently, absent clinical documentation and guideline recommendations, lower floor braun is not medically necessary.

VMI Accessible Minivan with power ramp kneeling system: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Anthem. Clinical UM guideline

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation
http://www.anthem.com/medicalpolicies/guidelines/gl_pw_a053621.htm

Decision rationale: Pursuant to Anthem Durable Medical Equipment Guidelines, VMI accessible minivan with power ramp kneeling system is not medically necessary. Durable medical equipment is any equipment that meets ALL the following requirements: provides therapeutic benefits or enables the individual to perform certain tasks that he or she is unable to undertake otherwise due to certain medical conditions or illnesses; and can withstand repeated use; and is primarily and customarily used to serve a medical purpose; and generally is not useful to a person in the absence of an illness or injury; and is appropriate for use in the home but may be transported to other locations to allow the individual to complete instrumental activities of daily living (IADL), which are more complex tasks required for independent living. DME is Not Medically Necessary: Items not meeting the above criteria are considered not medically necessary including, but not limited to ANY of the following situations: The item is intended to be used for athletic, exercise, or recreational activities as opposed to assisting the individual in the activities of daily living (either ADLs or IADLs); or The item is intended for environmental control or a home modification (e.g., electronic door openers, air cleaners, ramps, elevators, stair glides, wheelchair attachments or accessories for stair-climbing, etc.); or The item includes an additional feature or accessory, or is a non-standard or deluxe item that is primarily for the comfort and convenience of the individual (e.g., customized options on wheelchairs, hand controls to drive, electric vehicle lifts for wheelchairs, etc.); or The item is specifically designed for outdoor use (e.g., specially designed manual wheelchairs for beach access, specially designed power mobility devices for rough terrain, manual wheelchairs for sports, etc.); or The item represents a duplicative piece of equipment that is intended to be used as a backup device, for multiple residences, or for traveling, etc. (e.g., back-up manual wheelchair when a power wheelchair is the individual's primary means of mobility, a second wheeled mobility device specifically for work or school use, car seats); or The item represents a product upgrade to a current piece of equipment that is either fully functional or replacement of a device when the item can be cost-effectively repaired. In this case, the injured workers working diagnoses are status post right total hip arthroplasty for osteoarthritis and osteonecrosis of the right hip; status post revision right total hip arthroplasty or broken implant and peri-prosthetic fracture; Osteolysis and polyethylene wear, left acetabular implant; broken locking ring with the constrained left total hip arthroplasty cup; generalized osteoarthritis; spondylosis/degenerative disc disease spinal stenosis and degenerative scoliosis of the lumbar spine; that is both right total ankle arthroplasty for osteoarthritis; osteoarthritis with stiffness bilateral shoulders; ulnar neuropathy, right upper extremity diminished grip strength; and median nerve neuropathy, probable carpal syndrome left upper extremity. The documentation in the subjective portion of the December 16, 2014 progress note states the wheelchair weighs a substantial amount (greater than or equal to 350 pounds). He is not to use the wheelchair outside of his home because of its weight and is not able to transport it. The injured worker ambulates with a mixed trendelenburg

and antalgic limp. The definition for durable medical equipment is enumerated above. However, durable medical equipment is not medically necessary if the item is a non-standard or deluxe item that is primarily for the comfort and convenience of the individual. Consequently, absent clinical documentation and guideline recommendations, VMI accessible minivan with power ramp kneeling system is not medically necessary.