

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

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**Notice of Independent Medical Review Determination**

Dated: 10/29/2013

[REDACTED]

[REDACTED]

Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:

[REDACTED]

7/1/2013

6/26/2010

7/24/2013

CM13-0002951

- 1) MAXIMUS Federal Services, Inc. has determined the request for a van with a wheelchair lift **is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/24/2013 disputing the Utilization Review Denial dated 7/1/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/29/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for a van with a wheelchair lift **is not medically necessary and appropriate.**

### **Medical Qualifications of the Expert Reviewer:**

The Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 treatments and/or services at issue.

### **CLINICAL SUMMARY:**

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated July 1, 2013:

██████████ is a 60 year old (DOB: ██████████) male Injured Worker with a date of injury on 06/26/10. The mechanism of injury was Left cerebrovascular accident with right hemiplegia. The carrier has accepted Mental/Physical and Brain. The current work status is not working.”

### **Documents Reviewed for Determination:**

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application for Independent Medical Review (received 07/24/2013)
- Utilization Review Determination from ██████████ (dated 07/01/2013)
- Employee medical records from ██████████
- Medical Treatment Utilization Schedule (MTUS)

**1) Regarding the request for a van with a wheelchair lift :**

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Reference/Citation: Anthem, Clinical UM Guideline, Subject: Durable Medical Equipment, Guideline#: CG-DME-10. Current (April 11, 2012), which is not a part of MTUS. The Expert Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workman's Compensation. The Expert Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

CA MTUS does not address van with wheelchair lift. Therefore other guidelines or evidence was needed. ODG does not address this issue nor does ACOEM. Anthem Clinical UM guideline does meet the criteria of "Nationally Recognized Professional Standards." The guideline indicates that it is generally accepted that there is no medical necessity for an individual to improve his/her condition with the use of an electric lift. There are alternative means of transport to assist with ADLs. The treating physician has not made a medical case for the need of the van and the medical records provided for review do not evidence that other means of transportation was tried, such as a van for hire that is wheelchair accessible. The request for a van with a wheelchair lift **is not medically necessary and appropriate.**

**Effect of the Decision:**

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely;

Richard C. Weiss, MD, MPH, MMM, PMP  
Medical Director

cc: Department of Industrial Relations  
Division of Workers' Compensation  
1515 Clay Street, 18<sup>th</sup> Floor  
Oakland, CA 94612

/sce

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.