

Case Number:	CM13-0012729		
Date Assigned:	06/20/2014	Date of Injury:	07/27/2010
Decision Date:	07/30/2014	UR Denial Date:	08/01/2013
Priority:	Standard	Application Received:	08/12/2013

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 and Washington. 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 53-year-old with a reported date of injury on July 27, 2010. The mechanism of injury was reported as a fall when a coworker dropped a table on the injured worker's back. The injured worker presented with complaints of sleep disturbances due to pain and stress. The injured worker complained of snoring, breathing through the mouth at night, dry mouth in the morning, and clenching and grinding of the teeth. The injured worker was provided with a CPAP (continuous positive air pressure) machine for treatment of her sleep disorder. However, she found that she could not tolerate its use. The injured worker's diagnoses included sprain/strain of the bilateral ankles, plantar fasciitis, tenosynovitis, painful gait, derangement of the right ankle, and contusion injury of the left ankle. The injured worker's medication regimen was not provided within the documentation available for review. The Request for Authorization for a hospital bed for the use of CPAP device was submitted on August 20, 2013. The rationale for the request was not provided within the documentation available for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hospital bed for use of CPAP (continuous positive air pressure) device: 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 & Leg, Durable Medical Equipment (DME).

Decision rationale: The Official Disability Guidelines recommend durable medical equipment if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment. The term durable medical equipment is defined as equipment which can withstand repeated use, i.e. could normally be rented and used by successive patients, is primarily and customarily used to serve a medical purpose, and generally is not useful to a person in the absence of illness or injury. According to the clinical note dated September 4, 2012, the injured worker does not tolerate the use of the CPAP machine, and instead is utilizing a sleep appliance. The rationale for the request was not provided within the documentation available for review. Therefore, there is a lack of documentation as to the need of a hospital bed and the use of a CPAP device. Therefore, the request for a hospital bed for use of CPAP device is not medically necessary or appropriate.