

<b>Case Number:</b>	CM13-0036566		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	02/28/2003
<b>Decision Date:</b>	03/24/2014	<b>UR Denial Date:</b>	09/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 physician 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 reported an injury on 02/28/2003. The mechanism of injury was not provided for review. The patient ultimately underwent a total knee arthroplasty followed by revision. The patient developed chronic persistent knee pain that interfered with her ability to ambulate. The patient used the assistance of a wheelchair. The patient's most recent clinical examination findings included severe varus alignment of the right knee with tenderness to palpation and small joint effusion with limited range of motion described as 105 degrees in flexion. The patient had pain with a valgus stress test medially. The patient's treatment plan included an additional revision to the replacement of the right knee with appropriate postsurgical interventions to include physical therapy and a continuous passive motion unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**replacement of one electropedic adjustable Cal king bed with a 9" mattress: 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 and Leg Chapter, Durable Medical Equipment (DME)

**Decision rationale:** The replacement of one electropedic adjustable California king bed with a 9" mattress is not medically necessary or appropriate. Official Disability Guidelines define durable medical equipment as equipment that primarily and customarily serves a medical purpose and would not benefit the patient in the absence of injury or illness. Therefore, a mattress cannot be identified as durable medical equipment as it does not customarily serve a medical purpose and would benefit the patient in the absence of injury or illness. Additionally, the clinical documentation submitted for review does not clearly identify how this would medically benefit the patient. As such, the requested replacement mattress of one electropedic adjustable California king bed with a 9" mattress is not medically necessary or appropriate.

**one year [REDACTED] membership:** 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) Diabetes, Lifestyle Modifications.

**Decision rationale:** The requested 1 year [REDACTED] membership is not medically necessary or appropriate. The clinical documentation submitted for review does indicate that the patient has been counseled to participate in a weight-loss program. Official Disability Guidelines do not recommend a supervised weight-loss program unless the patient has failed to progress through a self-managed and self-directed nutritional management program and exercise program. The clinical documentation fails to indicate that the patient cannot self-manage nutritional intake and participate in a home exercise program that would support a self-directed weight-loss program. Therefore, the need for supervised weight loss is not clearly indicated. As such, the requested 1 year weight watchers membership is not medically necessary or appropriate.