

Case Number:	CM13-0044971		
Date Assigned:	12/27/2013	Date of Injury:	02/01/2013
Decision Date:	04/30/2014	UR Denial Date:	10/10/2013
Priority:	Standard	Application Received:	10/29/2013

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, has a subspecialty in Interventional Spine 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 56 year old female with date of injury 2/1/13. The treating physician report dated 9/9/13 indicates that the patient has pain affecting the cervical spine, bilateral shoulder and thoracic spine. The current diagnoses are bilateral shoulder strain, bursitis, impingement, cervical sprain/strain and thoracic sprain/strain. The utilization review report dated denied the request for an adjustable hospital type bed based on the rationale that the request did not meet the medical guidelines

IMR ISSUES, DECISIONS AND RATIONALES

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

AN ADJUSTABLE HOSPITAL TYPE BED FOR HOME: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation XXXXXXXXXX Health Guidelines

Decision rationale: The patient presents with chronic lower back, neck, thoracic and bilateral shoulder pain. The treating physician report dated 9/9/13 is hand written and difficult to decipher. The examination findings include positive Faberes testing and that the patient is using

a walker 90% of the time. The California MTUS and ODG guidelines do not address the usage of a hospital type bed for home usage. The treating physician states: "Req authorization for adjustable hospital type bed for home (pt unable to lie down flat without pain symptoms)." The [REDACTED] guidelines state that one of the three criteria listed must be met to qualify for medically necessary durable medical equipment. The only thing listed by the treating physician is that the patient is unable to lie down flat without pain (symptoms). There is no mention of the promotion of good body alignment, prevention of contractures or avoiding respiratory infections, in ways not feasible in an ordinary bed. In addition, there is no mention that the bed is required to elevate the patient to 30 degrees or more due to congestive heart failure, chronic pulmonary disease, or problems with aspiration. Finally, the patient's condition does not require the usage of traction equipment that cannot be fixed to an ordinary bed. The treating physician in this case has failed to document the rationale for the usage of a hospital bed for home usage. Recommendation is for denial.