

Case Number:	CM13-0046811		
Date Assigned:	12/27/2013	Date of Injury:	07/21/1995
Decision Date:	04/21/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	11/12/2013

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 Orthopedic Surgery, 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 66 year old with an industrial injury on 7/01/95. Exam notes from 6/16/09 demonstrate that the patient complains of total body pain, chronic fatigue, and sleeping problems. The patient reported low back pain and knee pain rated 8/10. Sleep problems are somewhat alleviated by Lunesta. On exam there was no joint swelling. Neurological exam is normal. The patient is diagnosed with myalgia and myositis, local osteoarthritis, and lumbago. Exam notes from 8/13/12 include a request for an orthopedic bed. An appeal letter dated 8/17/12 reports that the patient has been with industrially-induced fibromyalgia since 7/6/00.

IMR ISSUES, DECISIONS AND RATIONALES

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

ORTHOPEDIC BED: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CMS National Coverage Determination for Hospital Beds.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, 3rd Edition, Chronic Pain section.

Decision rationale: The MTUS does not address the topic of orthopedic bed. According to the 3rd edition of the ACOEM Guidelines, specific beds are not recommended for the treatment of

chronic pain syndrome, which is present in the records reviewed. The request for an orthopedic bed is not medically necessary and appropriate.