

Case Number:	CM13-0047037		
Date Assigned:	12/27/2013	Date of Injury:	10/11/2004
Decision Date:	04/25/2014	UR Denial Date:	10/31/2013
Priority:	Standard	Application Received:	11/04/2013

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 Family Practice, 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 55-year-old male who reported injury on 10/11/04. The mechanism of injury was not provided. The patient underwent extensive spinal surgery on 10/21/13. The patient's diagnoses include bilateral lower extremity radiculopathy with neurogenic claudication, incapacitating back pain nonresponsive to nonoperative treatment, grade I degenerative spondylolisthesis, and degenerative L4-5 disc.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOSPITAL BED FOR HOME USE FOR FOUR WEEKS: Upheld

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

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

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. Durable medical equipment is defined as equipment that can withstand repeated use, that is primarily and customarily used to serve a medical purpose, that is generally not useful to a person in the absence of illness or injury, and that is appropriate for use in the

patient's home. The clinical documentation submitted for review indicated that the physician was requesting a hospital bed for home use for four weeks. There was a lack of documented rationale and an indication that the bed is not generally useful to a person in the absence of illness or injury. Given the above, the request for hospital bed for home use for four weeks is not medically necessary.