

Case Number:	CM13-0048828		
Date Assigned:	12/27/2013	Date of Injury:	07/22/2008
Decision Date:	03/11/2014	UR Denial Date:	10/30/2013
Priority:	Standard	Application Received:	11/06/2013

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 Internal Medicine 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:

This is a 50 year old male with a date of injury in 2008 and the mechanism of the injury was a fall and slip while pouring a 25 gallon of the detergent into 1/2 gallon container, he sustained an injury in his right lower back and the right knee. The patient also had a history of old traumatic injury in the right femur due to a gunshot wound in 1984. The patient had ORIF of the femur with pins and records indicated that in 2012 the patient complains of pain in the right upper leg pain and on x-ray it showed that he had radiologic evidence of DJD and evidence of the old retained shrapnel, evidence of broken screw in the proximal femur. He ultimately saw an orthopedist who recommended the removal of the screws and the hardware. The patient had surgery on 4/13 to remove the broken screw. The patient also was found to have DJD and spondylolithesis in the L5/S1 area and he was recommended by a spine surgeon to have anterior and posterior fixation of the L5 and S1. The patient underwent surgery by [REDACTED] on 10/31/13 and prior to the surgery, it was requested a hospital bed which was denied. The records indicated that the patient on physical exam had decreased ROM on the Lumbar spine with forward flexion of 60 (normal 90 degrees) and extension of 20 (normal 30 degrees).

IMR ISSUES, DECISIONS AND RATIONALES

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

Hospital bed: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS.

Decision based on Non-MTUS Citation

http://www.ngsmedicare.com/ngs/wcm/connect/d5a733004cc0e821b2cfb6839f70005e/1296_hbed_documentation_requirements_guide.pdf

Decision rationale: Review of the records did not show that the patient exam required positioning of the body in a way that not feasible with an ordinary bed and therefore the hospital be is not indicated at this time.