

<b>Case Number:</b>	CM13-0050886		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	07/04/2010
<b>Decision Date:</b>	05/21/2014	<b>UR Denial Date:</b>	10/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/18/2013

### 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 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 injured worker is a 41-year-old male who reported an injury on 07/04/2010, secondary to heavy lifting. Current diagnoses include ruptured L4-5 disc, sleep disruption, symptoms of depression, left L5 nerve root impingement, and status post microdiscectomy at L4-5. The injured worker was evaluated on 12/04/2013. The injured worker was status post microdiscectomy at L4-5 on 11/08/2012 and status post lumbar spine discectomy and fusion at L4-5 with instrumentation and bone graft on 10/11/2013. The injured worker reported a decrease in left lower extremity numbness following surgery. Physical examination revealed tenderness to palpation with limited range of motion and 5/5 motor strength in bilateral lower extremities. Treatment recommendations at that time included continuation of current medication.

### 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 <http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx>?

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) KNEE & LEG CHAPTER, DURABLE MEDICAL EQUIPMENT.

**Decision rationale:** The Official Disability Guidelines state durable medical equipment is recommended generally 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 which can withstand repeated use, could normally be rented, and is used by successive patients. It is generally not useful to a patient in the absence of illness or injury, and is primarily and customarily used to serve a medical purpose. As per the documentation submitted, the injured worker reported an improvement in symptoms following surgery. The injured worker's physical examination only revealed tenderness to palpation with limited range of motion. The request for a hospital bed is not medically necessary and appropriate.