

Case Number:	CM13-0051637		
Date Assigned:	12/27/2013	Date of Injury:	12/05/2012
Decision Date:	07/30/2014	UR Denial Date:	11/01/2013
Priority:	Standard	Application Received:	11/14/2013

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:

This 48 year-old female public safety dispatch supervisor sustained an injury on 12/5/12 while employed by [REDACTED]. Request(s) under consideration include 6 months rental of hospital bed w/ side rails and ability to recline with comfortable mattress. The patient has multiple injury claims including cumulative trauma dating back to November 1994 and recent injury to coccyx in 2012. Diagnoses include Disorder of the Coccyx. Second orthopedic opinion dated 8/6/13 regarding surgery of coccyx consideration. It was noted injury was a result of poorly padded seat and prolonged sitting. Conservative care has included medications, rest, and aquatic therapy now with proposed coccygectomy. Recommendations included MRI prior to surgery. Report of 10/21/13 from the provider noted the patient with lower back and sacrococcygeal pain with feeling of swelling. Exam showed tenderness across sacrococcygeal region. Diagnoses include Scheuermann thoracolumbar kyphosis; T11-12 degenerative disc disease; L5-S1 facet arthropathy; collapse coccyx; and sacrococcygeal pain. Treatment plan was for coccygectomy scheduled for 10/31/13 with post-operative hospital bed rental to allow for position comfort and recovery. Request(s) for 6 months rental of hospital bed w/ side rails and ability to recline with comfortable mattress was non-certified on 11/1/13 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 MONTHS RENTAL OF HOSPITAL BED W/ SIDE RAILS AND ABILITY TO RECLINE WITH COMFORTABLE MATTRESS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter Low Back, Ortho Mattress.

Decision rationale: The MTUS/ACOEM Guidelines do not address hospital bed or orthopedic mattress. The Official Disability Guidelines (ODG) does note hospital bed as part of hospitalization and inpatient stay. The Guidelines does not recommend specialized hospital bed/mattresses for spinal injuries. Mattress selection is subjective and depends on personal preference and individual factors. There is no report of low back condition in the absence of unstable spinal fractures or cauda equine syndrome. The patient is s/p coccygectomy without reported post-operative complications, extenuation circumstances, or co-morbidities to support for the request beyond guidelines criteria. Clinical exam has unchanged chronic neurological findings without history of spinal cord injury to support for hospital bed. Per Medicare criteria for hospital bed coverage, a hospital bed may be an option for consideration when the patient's condition require special fixed attachment not afforded on an ordinary bed or special mechanical positioning to prevent pressure sores or respiratory infections not applicable in this present case. Submitted reports have not addressed or demonstrated medical necessity to support for this hospital bed with comfortable mattress. The 6 months rental of hospital bed w/ side rails and ability to recline with comfortable mattress is not medically necessary and appropriate.