

Case Number:	CM13-0056648		
Date Assigned:	12/30/2013	Date of Injury:	03/19/2012
Decision Date:	03/24/2014	UR Denial Date:	10/28/2013
Priority:	Standard	Application Received:	11/22/2013

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain 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:

The injured worker is a 59-year-old female who had an original date of injury on March 19, 2012. The injury occurred in the context when the patient was attacked by a naked man. The diagnosis is right meniscal tear and there is a plan for knee surgery. MRI performed on May 22, 2013 demonstrated full thickness cartilage in regularity in the lateral compartment and complex tear of the lateral meniscus. The patient has attended physical therapy and acupuncture treatment to date. The disputed issue is a request for hospital bed for two weeks rental following knee arthroscopic surgery. The utilization reviewer denied this request citing that guideline criteria's set forth by Medicare guidelines were not met.

IMR ISSUES, DECISIONS AND RATIONALES

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

two week rental of a hospital bed postoperatively: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medicare Guidelines for Hospital Beds

Decision rationale: The requesting healthcare provider has plans for right arthroscopic knee surgery for this patient. The patient is also noted to have lumbar disc herniation and chronic neck

pain. A hospital bed rental is not considered standard of care for this type of surgery. The guidelines state that a hospital bed is medically necessary if the patient's condition requires positioning of the body, i.e., to alleviate pain, promote good body alignment, prevent respiratory infection, etc., in ways not feasible in an ordinary bed. There are no documentation of the above-mentioned diagnoses/limitations that would necessitate a hospital bed. A review of the medical records failed to reveal any cardiac, pulmonary, and neurologic condition which necessitates a hospital bed. This request is recommended for noncertification.