MAXIMUS Federal Services

Case Number:	CM13-0058933		
Date Assigned:	12/30/2013	Date of Injury:	02/24/1989
Decision Date:	04/18/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	11/27/2013

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 Occupational 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 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:

Patient is a 55 year old female with date of injury 2/24/1989. The mechanism of injury was not noted in the medical records provided. The most current primary treating physician's progress report, dated 10/31/2013, lists subjective complaints as pain in the cervical spine, both her shoulders as well as headaches. She notes that the pain is burning, sharp pain that radiates to the upper extremities bilaterally, more left than right. The patient stated that her hospital bed was initially paid for through her Worker's Comp. in 1997 and has completely worn out. Objective findings: Examination of the cervical spine demonstrates mild cervical tenderness bilaterally. Trapezius is minimally tender to palpation. Examination of the upper extremities demonstrates full range of motion of the right shoulder and left shoulder is limited with abduction, flexion and lateral rotation. Tenderness is appreciated bilaterally in both shoulders, left more than right. Diagnosis: 1. Status post C5-C6 fusion 2. Left C7-T1 foraminal stenosis- moderate to severe 3. Left C8 nerve compression 4. Chronic left shoulder dislocation 5. Bilateral upper extremity pain 6. History of complex regional pain syndrome type 1, bilateral upper extremeties 7. Lumbar degenerative disc and facet disease- nonindustrial 8. Lumbar levoscoliosis- nonindustrial 9. Bilateral knee degenerative joint disease- nonindustrial 10. Morbid obesity 11. Depression and anxiety.

IMR ISSUES, DECISIONS AND RATIONALES

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

Replacement for hospital bed: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Blue Cross of California Clinical UM Guideline, 10/08/2013; Hospital Beds and Accessories.

Decision rationale: A fixed height hospital bed is considered medically necessary if one or more of the following criteria are met: 1. The individual has a medical condition that requires positioning of the body in ways not feasible with an ordinary bed to alleviate pain, prevent contractures, promote good body alignment or avoid respiratory infections. 2. The individual requires the head of the bed to be elevated more than 30 degrees most of the time due to congestive heart failure, chronic pulmonary disease, or problems with aspiration. Pillows or wedges must have been considered and ruled out. Elevation of the head/upper body less than 30 degrees does not usually require the use of a hospital bed. 3. The individual requires special attachments, such as traction equipment, that can only be attached to a hospital bed. There is no evidence in the medical record that any of the above criteria are met. Therefore, the decision for replacement for hospital bed is not medically necessary and appropriate.