

Case Number:	CM13-0059990		
Date Assigned:	01/22/2014	Date of Injury:	04/29/2009
Decision Date:	05/22/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	12/02/2013

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 Orthopedic Surgery 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 claimant is a 54-year-old gentleman injured in a work related accident on April 29, 2009. The clinical records available for review document that, during a September 20, 2013, follow up with [REDACTED], the claimant reported complaints of headaches, dizziness, neck pain, low back pain with radiating lower extremity radiculopathy, foot swelling and left shoulder pain. A physical examination demonstrated weakness of the extensor hallicus longus, gastrocnemius and peroneus longus bilaterally, as well as L5 and S1 dermatomal sensory changes bilaterally. The claimant was noted to have a prior history of C3 through C6 anterior cervical discectomy and fusion, with a current diagnosis of lumbar spondylosis and radiculopathy. The reports state the claimant underwent lumbar surgery, including an L4-5 and L5-S1 laminectomy and microdiscectomy, on May 15, 2013. This request is for a home health evaluation and rental of hospital bed for 30 days.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOSPITAL BED RENTAL FOR 30 DAYS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG 2013 (LUMBAR); AETNA CPB CLINICAL POLICY BULLETIN HOSPITAL BEDS AND ACCESSORIES.

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: MILLIMAN CARE GUIDELINES® INPATIENT AND SURGICAL CARE 16TH EDITION.

Decision rationale: California MTUS and ACOEM Guidelines do not provide criteria on hospital bed usage. The Milliman Care Guidelines do not support the acute need for a hospital bed in this case. According to the reviewed records, the claimant meets no clinical criteria according to Milliman that would define or indicate acute need of hospital bed placement. The claimant is now several months status post two-level microdiscectomy. Given the claimant's current clinical presentation and lack of supported findings, hospital bed usage would not be medically necessary.

HOME HEALTH EVALUATION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG 2013, (LUMBAR).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 51.

Decision rationale: The California MTUS Chronic Pain Guidelines also would not support the request for a home health evaluation. While the claimant is noted to be status post surgical process to both the cervical spine and lumbar spine, there is no documentation within the medical records indicating that the claimant is homebound on a part time or intermittent basis to support the role of home health services. The role for home health evaluation and home health services to be performed are also not defined. The clinical request in this case is also not supported as medically necessary.