

Case Number:	CM13-0060565		
Date Assigned:	12/30/2013	Date of Injury:	07/19/2011
Decision Date:	05/07/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	12/03/2013

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 & Rehabilitation, has a subspecialty in Interventional Spine 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 is a 58 year-old female who was injured on 7/19/2011. She has been diagnosed with a lumbar sprain. There is a request for a 1-month rental for a hospital bed dated 10/28/13. There is a 10/1/13 operative report showing anterior lumbar fusion at L4/5. The 10/15/13 orthopedic report states the wounds are clean and x-ray show good position of hardware. The next follow-up was to be on 11/12/13. There is no discussion or rationale for the request for a hospital bed rental. There was a home health evaluation report from 10/16/13, and it was noted the patient lives alone and was not able to get into her bed as it is too high, she uses the pull out couch. Home health was recommended as was a step stool so she can get into bed.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOSPITAL BED RENTAL FOR ONE MONTH: 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 Aetna Clinical Policy Bulletin, Hospital Beds and Accessories.

Decision rationale: The prescription for this bed is dated 10/28/13, but there is no medical report with rationale. The follow up report from 10/15/13 did not mention a hospital bed, and the next follow-up was to be on 11/21/13. The patient did have a home evaluation on 10/16/13, but there was no mention of need for a hospital bed. Aetna criteria state that a hospital bed may be necessary if the patient's condition requires positioning of the body (e.g., to alleviate pain, promote good body alignment, prevent contractures, or avoid respiratory infections) in ways not feasible in an ordinary bed); or if the patient's condition requires special attachments (e.g., traction equipment) that cannot be fixed and used on an ordinary bed; or the patient 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. There was no rationale provided for the bed and the Aetna criteria for the hospital bed have not been discussed. MTUS/ACOEM and ODG did not discuss hospital beds. The request is not in accordance with guidelines for hospital beds.