MAXIMUS Federal Services

Case Number:	CM13-0065404		
Date Assigned:	01/03/2014	Date of Injury:	02/04/2012
Decision Date:	05/16/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	12/13/2013

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 Neurological 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:

According to the records made available for review, the patient is a 63-year-old male with a 2/4/12 date of injury. At the time (11/11/13) of request for authorization for the purchase of a home delivery of simplicity with power base [redacted] bed with hob 45 degree queen size so the wife can sleep with patient, there is documentation that patient is unable to be discharged home with current bed that does not have feature to elevate head of bed. In addition, there is documentation of objective findings (right hemiplegia, failed video swallow study, trach dependant, and GT dependant), current diagnoses (status post cervical discectomy and fusion, stroke, status post cystoscopy secondary to hematuria, and status post CVA with right hemiplegia), and treatment to date (tracheotomy, PEG tube). Medical reports identify that the patient is Trach and GT dependant, is non-ambulatory, and a request for bed to ensure safety and decrease risk of aspiration.

IMR ISSUES, DECISIONS AND RATIONALES

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

THE PURCHASE OF A HOME DELIVERY OF SIMPLICITY WITH POWER BASE [redacted] BED WITH HOB 45 DEGREE QUEEN SIZE SO THE WIFE CAN SLEEP WITH PATIENT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation InterQual, section Hospital Beds and Cribs.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Durable Medical Equipment (DME).

Decision rationale: The MTUS does not address this issue. The Official Disability Guidelines (ODG) supports durable medical equipment if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME). Medicare National Coverage Determinations Manual identifies documentation that the patient's condition requires positioning of the body (e.g., to alleviate pain, promote good body alignment, prevent contractures, avoid respiratory infections) in ways not feasible in an ordinary bed or that the patient's condition requires special attachments that cannot be fixed and used on an ordinary bed, as criteria necessary to support the medical necessity of an adjustable bed. Within the medical information available for review there is documentation of diagnoses of status post cervical discectomy and fusion, stroke, status post cystoscopy secondary to hematuria, and status post CVA with right hemiplegia. In addition, given documentation that patient is unable to be discharged home with current bed that does not have feature to elevate head of bed and a request for bed to ensure safety and decrease risk of aspiration, there is documentation that the patient's condition requires positioning of the body in ways not feasible in an ordinary bed. However, despite documentation of a request for a queen size so the wife can sleep with the patient, there is no documentation that the request represents medical treatment. The request for purchase of a home delivery of simplicity with power base [redacted] bed with hob 45 degree queen size so the wife can sleep with patient is not medically necessary and appropriate.