

Case Number:	CM13-0068419		
Date Assigned:	01/03/2014	Date of Injury:	07/25/2007
Decision Date:	03/24/2014	UR Denial Date:	12/08/2013
Priority:	Standard	Application Received:	12/19/2013

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 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 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:

According to the records made available for review, this is a 55-year-old male with a 7/25/07 date of injury. At the time of request for authorization for adjustable bed, there is documentation of subjective (pain in the left knee with weakness and buckling) and objective (swelling of the left knee, tenderness at the medial joint line of the left knee, swelling and tenderness of the left ankle, restrict motion of the left ankle with pain, tenderness over the inguinal femoral area of the left hip, tenderness at the iliac crest, decreased range of motion of the left hip, and decreased knee and ankle reflexes bilaterally) findings, current diagnoses (status post left knee arthroscopic surgery, left ankle sprain, left knee sprain, depression, weight gain, insomnia, history of fall due to instability of the left knee, left inguinal strain compensatory, and right knee sprain (compensatory)), and treatment to date (medications and home exercise program). Plan indicates adjustable bed for proper and safe mobility especially at nighttime. There is no documentation that that the patient's condition requires positioning of the body (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.

IMR ISSUES, DECISIONS AND RATIONALES

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

An adjustable bed: 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 Official Disability Guidelines (ODG), Low Back Chapter, Durable Medical Equipment.

Decision rationale: MTUS does not specifically address this issue. 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 left knee arthroscopic surgery, left ankle sprain, left knee sprain, depression, weight gain, insomnia, history of fall due to instability of the left knee, compensatory left inguinal strain, and compensatory right knee sprain. However, there is no documentation that that the patient's condition requires positioning of the body (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. Therefore, based on guidelines and a review of the evidence, the request for an adjustable bed is not medically necessary.