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| Case Number: | CM13-0071178 | | |
| Date Assigned: | 01/08/2014 | Date of Injury: | 02/28/2008 |
| Decision Date: | 04/15/2014 | UR Denial Date: | 12/16/2013 |
| Priority: | Standard | Application Received: | 12/17/2013 |

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:

The patient is a 63 year old male with date of injury of 02/28/2008. The listed diagnoses per [REDACTED] dated 11/25/2013 are: 1. Osteoarthritis, hip 2. Joint pain, hip 3. Status post total left hip replacement, 12/03/2013, [REDACTED]. According to progress report dated 12/16/2013 by [REDACTED], the patient is status post left total hip replacement, 12/03/2013, [REDACTED]. The patient's pain has been controlled by narcotics when taken daily. The patient's weight bearing status has been full weight bearing. The patient has been using a walker and is currently not working. Physical examination shows operative site is clinically well aligned. The wound(s) are healing without signs of infection. The site has mild swelling. The involved region is neurovascularly intact. The post-operative range of motion is acceptable at this point. The treater is requesting a hospital bed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hospital 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 AETNA Guidelines.

Decision rationale: The Expert Reviewer's decision rationale: This patient is status post total left hip replacement, 12/03/2013, [REDACTED]. The treater is requesting a hospital bed. Utilization review dated 12/16/2013 denied the request stating that "the patient has done very well with therapy following his Left Total Hip Replacement and should be able to navigate the stairs at his 2 story home without difficulty." MTUS and ACOEM guidelines do not discuss hospital bed following hip arthroplasty. AETNA guidelines requires that the patient's condition require positioning of the body, head of bed elevated more than 30 degrees most of the time, and requires special attachment. The treater does not indicate the duration of the need for hospital bed. There is no discussion regarding the patient's home situation. The treater's report just a few days following the surgery shows that the patient is able to use a walker, with full weight-bearing status. The treater does not discuss any limitations with bed mobility or transfers. Although a hospital bed may be indicated while the patient recovers, this patient appears functional enough to transfer, self-care and self-transfer based on the ability to use a walker. The patient's condition does not meet any of the requirements provided by the AETNA guidelines. Recommendation is for denial.