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| Case Number: | CM14-0012160 | | |
| Date Assigned: | 06/11/2014 | Date of Injury: | 07/01/2002 |
| Decision Date: | 07/28/2014 | UR Denial Date: | 01/13/2014 |
| Priority: | Standard | Application Received: | 01/30/2014 |

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 Surgeon and is licensed to practice in Texas. 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 injured worker is a 57-year-old male who reported an injury on 07/01/2002. The mechanism of injury was not provided. On 04/09/2014, the injured worker presented with complaints of pain 2 inches above the right surgical scar and he hears grinding sounds from twisting and turning. The injured worker is status post lumbar spine surgery as of 01/30/2014. Upon examination the injured worker had a wide gait stance, and appeared less hunched up compared to the prior visit. The range of motion values were 40 degrees of flexion, 0 degrees of extension, negative 20 degrees of lateral flexion, with no muscular atrophy and a negative straight leg raise. The injured worker's diagnoses were status post lumbar discectomy and fusion. The provider recommended a postop seni electric hospital bed. The provider's rationale was not provided. The Request for Authorization Form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

POST-OP SENI ELECTRIC 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 Official Disability Guidelines (ODG) Knee, DME.

Decision rationale: The Official Disability Guidelines state that a post-op seni electric hospital bed would be recommended generally if there is a medical need and that the device or system meets Medicare's definition of durable medical equipment. Medical conditions can result in physical limitations for injured workers who may require injured worker education and modifications to the home environment for prevention of injury, but environmental modifications are considered not primarily medical in nature. Criteria for use for DME equipment include: can withstand repeated use, is primarily and customarily used to serve a medical purpose, is generally not useful to an injured worker in the absence of illness or injury, and is appropriate for use in an injured worker's home. The included medical documentation does not include physical limitations for the injured worker that may require modification to the home environment to include an electric hospital bed. The hospital bed would serve no medical purpose for the injured worker. The provider's rationale for the request of an electric hospital bed was not provided. Therefore, the request for post-op seni electric hospital bed is not medically necessary and appropriate.