

Case Number:	CM14-0012696		
Date Assigned:	02/21/2014	Date of Injury:	06/29/2009
Decision Date:	07/24/2014	UR Denial Date:	01/03/2014
Priority:	Standard	Application Received:	01/31/2014

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 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:

This is a 49-year-old male patient with a 6/9/09 date of injury. 1/22/14 progress report indicates improved left shoulder complaints, but continued neck pain. Physical exam demonstrates decreased tenderness about the left shoulder. The patient presents with persistent left shoulder, neck, low back pain. 12/13/13 progress report indicated decreased range of motion and positive orthopedic test in the left shoulder, cervical spine, lumbar spine. Treatment to date has included acupuncture x 6, physical therapy, and epidural decompression neuroplasty bilaterally and 2012. The patient underwent left shoulder arthroscopy on 12/10/13. There is documentation of a previous 1/3/14 adverse determination for lack of compelling rationale for 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 RENTAL: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
http://www.anthem.com/medicalpolicies/guidelines/gl_pw_a053641.htm.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Medicare National Coverage Determinations Manual Chapter 1, Part 4 (Section 280.7).

Decision rationale: CA MTUS and ODG do not apply. The Medicare National Coverage Determinations Manual criteria for a hospital bed include 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. However, the patient presents with minimal objective functional deficits, per recent physical exam findings. While he underwent a recent shoulder arthroscopy, such a procedure would not normally require positioning of the body postoperatively in ways not feasible in an ordinary bed. A rationale for the requested rental was not provided, and the request, as submitted, is open-ended. Therefore, the request for HOSPITAL BED RENTAL is not medically necessary.