

<b>Case Number:</b>	CM14-0132837		
<b>Date Assigned:</b>	08/22/2014	<b>Date of Injury:</b>	10/04/2012
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	07/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2014

### 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 Physical Medicine and Rehabilitation 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:

Medical records reflect the claimant is a 43 year old female who sustained a work injury on 10-4-12. On this date, the claimant was pulling the student files and carried them to the desk when she had onset of lumbar pain radiation to the right buttocks and posterior thigh and calf. The claimant has been treated with medications physical therapy, chiropractic care, and epidural steroid injections. The claimant also underwent lumbar laminectomy and fusion on 7-21-14. The claimant is being managed with medications at this time.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**SIDE BED RAIL:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, KNEE AND LEG.

**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 non covered services.

**Decision rationale:** ACOEM, MTUS and ODG do not address this request. Medicare notes that home modifications are not covered. Medical Records reflect this claimant is status post lumbar

fusion performed on 7-21-14. After a fusion, recommendations include ambulation and mobilization for postop recovery and to avoid any complications. The medical necessity of a bed rail is not established as medically necessary. This claimant does not have pathology or a condition that would provide a concern for her to fall of the bed. Therefore, the medical necessity of this request is not established. The request for a side bed rail is not medically necessary.

**OVER THE BED TABLE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, KNEE AND LEG.

**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 non covered services.

**Decision rationale:** ACOEM, MTUS and ODG do not address this request. Medicare notes that home modifications are not covered. Medical Records reflect this claimant is status post lumbar fusion performed on 7-21-14. After a fusion, recommendations include ambulation and mobilization for postop recovery and to avoid any complications. The medical necessity of an over the bed table is not established as medically necessary. This claimant does not have pathology or a condition that would require bed rest or that she cannot ambulate and move positions or location to have her meals. Bed rest is not supported. Therefore, the medical necessity of this request is not established. The request for an over the bed table is not medically necessary.