

Case Number:	CM14-0178383		
Date Assigned:	10/31/2014	Date of Injury:	02/28/2011
Decision Date:	12/08/2014	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	10/27/2014

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 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 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:

According to the records made available for review, this is a 61-year-old male with a 2/28/11 date of injury. At the time (10/1/14) of the Decision for home care bed Qty: 1.00, there is documentation of subjective (low back pain) and objective (none specified) findings, current diagnoses (chronic low back pain and failed back syndrome), and treatment to date (medication). 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:

Home care bed Qty: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Durable medical equipment (DME)

Decision rationale: MTUS does not 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 chronic low back pain and failed back syndrome. 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 home care bed Qty: 1.00 is not medically necessary.