

Case Number:	CM14-0022331		
Date Assigned:	02/26/2014	Date of Injury:	07/11/2013
Decision Date:	07/29/2014	UR Denial Date:	02/14/2014
Priority:	Standard	Application Received:	02/22/2014

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:

The patient is 39-year-old who has submitted a claim for cervical disc herniation, bilateral upper extremity radiculopathy, L4-5 and L5-S1 stenosis with disc herniation, lumbar disc displacement associated from an industrial injury date of July 11, 2013. Medical records from 2013-2014 were reviewed, the latest of which dated January 24, 2014 revealed that the patient complains of constant neck pain rated as 5-9/10 with radiation to the bilateral upper extremities associated with numbness and tingling to the right upper extremity and with pins and needles sensation. He also complains of constant low back pain rated as 8/10 with radiation to the bilateral lower extremities which is greater on the left side than the right side with occasional numbness and tingling that is greater on the right than the left, with pins and needles sensation. On physical examination, there was paraspinal spasms and tenderness noted. There is positive sciatic notch tenderness and positive straight leg raise bilaterally at 7 degrees of elevation. There is weakness in the extensor hallucis longus, tibialis anterior, and peroneus longus graded at 4/5. Treatment to date has included transforaminal epidural steroid injection right L4-5 (December 3, 2013), physical therapy, chiropractic treatment, and medications that include Vicodin, Norco, Robaxin, Tramadol, Celebrex and topical cream. Utilization review from February 14, 2014 denied the request for thirty (30) days rental of hospital bed between February 12 and March 29, 2014, because there are no postoperative assessments demonstrating substantial functional limitations and it is unclear what the patient's home status is or evidence for a need of a hospital bed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Thirty day rental of a hospital bed between February 12 and March 29, 2014: 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 Other Medical Treatment Guideline or Medical Evidence: Medicare National Coverage Determinations Manual.

Decision rationale: The CA MTUS and ODG do not specifically address the topic on hospital bed. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Medicare National Coverage Determinations Manual was used instead. It states that the 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. In this case, rental of hospital bed was requested for postoperative use. However, there is no documentation of the patient's condition postoperatively. There is no documentation of required positioning or special attachments that cannot be supported by an ordinary bed. The medical necessity for a hospital bed was not established. Therefore, the request for Thirty day rental of a hospital bed between February 12 and March 29, 2014 is not medically necessary or appropriate.