

Case Number:	CM14-0024689		
Date Assigned:	06/11/2014	Date of Injury:	08/02/2011
Decision Date:	07/28/2014	UR Denial Date:	02/14/2014
Priority:	Standard	Application Received:	02/26/2014

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 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 injured worker is a 59-year-old male who reported an injury on 08/02/2011. The diagnoses included osteoarthritis and left total knee arthroplasty. Previous treatments include physical therapy, occupational therapy, medication, and surgery. The clinical note dated 02/04/2014 reported the injured worker complained of left knee pain. The injured worker reported the pain is constant and radiated to the left leg with numbness. He described the pain as aching, burning, and sharp. Upon physical examination, the provider noted the injured worker had lower extremity edema. There is active range of motion of extension was 0 degrees and flexion at 135 degrees. The left knee strength was decrease. The request is for durable medical equipment of a hospital bed for the left knee; however, rationale was not provided for clinical review. The request for authorization was submitted and dated on 02/06/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

DURABLE MEDICAL EQUIPMENT TWO MONTH RENTAL OF HOSPITAL BED FOR LEFT KNEE: 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), Pain, Durable Medical Equipment. Other Medical Treatment Guideline or Medical Evidence.

Decision rationale: The Official Disability Guidelines recommend durable medical equipment generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment. Guidelines note durable medical equipment criteria include: can withstand repeated use, could normally be rented and used for successive patients, is primarily and customarily used to serve a medical purpose, generally is not useful to a person in the absence of illness or injury, and is appropriate for use in the patient's home. In this case, the clinical documentation submitted indicated the injured worker's surgery was in 09/2013. The documentation submitted indicated the injured worker is ambulating. There is a lack of objective clinical findings indicating the medical necessity for a hospital bed. Therefore, the request for durable medical equipment 2 months rental of a hospital bed for the left knee is not medically necessary and appropriate.