

Case Number:	CM14-0033628		
Date Assigned:	04/09/2014	Date of Injury:	01/26/1996
Decision Date:	10/30/2014	UR Denial Date:	03/06/2014
Priority:	Standard	Application Received:	03/18/2014

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, has a subspecialty in Pain 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 injured worker is a 67 year-old male with a date of injury of 1/26/96. The patient's industrially related diagnoses include left hip osteoarthritis and bilateral knee pain. The patient has a remote history of knee arthroscopic surgeries. The patient had recently undergone left total hip arthroplasty on March 3, 2014. The patient reported working with physiotherapists post operatively on transfers and utilizing a trapeze to assist with transferring out of bed. The disputed issue is a request for a hospital bed rental.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOSPITAL BED WITH OVERHEAD TRAPEZE RENTAL X 2 WEEKS: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CLINICAL POLICY BULLETINS

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 Guidelines, Hospital Bed. <http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=227&ncdver=1&bc=AAAQAAAAAA&>

Decision rationale: According to Medicare guidelines, the medical necessity of a hospital bed is dependent upon a medical condition in which there is a need for repositioning. This includes

patients with severe lower extremity arthritis, severe neurologic injuries such as spinal cord injury or stroke who require frequent repositioning to prevent ulcers, or those with severe cardiac conditions such as congestive heart failure which require body elevation. In the case of this injured worker, these conditions are noted as the patient has significant knee osteoarthritis in addition to the left hip pain. Therefore, mobility and the ability to transfer from lying to sitting to standing are limited. There is documentation that the patient had worked on these with physical therapists in the hospital setting. The patient also attests to utilizing a trapeze to assist with out of bed transfers; this is not uncommon in patient with limited mobility. An extenuating circumstance in this case is that there is presence of severe knee arthritis in addition to the hip pain. To maximize safety in transfers that had already been practiced with supervision, the variable height feature of a bed is desirable in this case. This request is medically necessary.