

Case Number:	CM14-0044868		
Date Assigned:	07/02/2014	Date of Injury:	01/17/2012
Decision Date:	08/22/2014	UR Denial Date:	03/11/2014
Priority:	Standard	Application Received:	04/11/2014

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 Orthopaedic Surgery and is licensed to practice in Mississippi. 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 49-year-old male who was reportedly injured on January 17, 2012. The mechanism of injury was noted as hitting his head. The most recent progress note dated March 19, 2014, indicated that there were ongoing complaints of neck pain and low back pain. No physical examination was performed on this date. Diagnostic imaging studies of the cervical spine noted degenerative disc disease and a disc herniation to the right at L3-L4. Previous treatment included physical therapy and the use of a walker. A request was made for a hospital bed and was not certified in the pre-authorization process on March 11, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hospital bed with trapeze: 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 Official Disability Guidelines (ODG), Low Back, Lumbar and Thoracic, Mattress Selection, updated July 3, 2014.

Decision rationale: A review of the medical record did not indicate that there was a need for a hospital bed over that of a regular bed. A hospital bed is typically used for individuals requiring

elevation of the head of the bed for pulmonary conditions. A trapeze can be used for assistance in repositioning the body as well as exiting the bed. As the injured employee is not stated to need this type of equipment for these reasons, this request for a hospital bed with trapeze is not medically necessary.