

<b>Case Number:</b>	CM14-0056459		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	06/21/2011
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	03/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/25/2014

### 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 Nevada. 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 records presented for review indicate that this 45 year-old male was reportedly injured on 6/21/2011. The most recent progress note, dated 3/24/2014, indicates that there were ongoing complaints of low back pain, and left knee pain. The physical examination demonstrated: patient returns with tenderness, decreased motion, sensation, and loss of strength. The patient had a fracture in their back and a pinched nerve which is why they are having leg pain. The patient was told that they required surgery. Diagnostic imaging studies include an MRI of the lumbar spine, dated 2/5/2014, which reveals a L5-S1 disc bulge, suspected bilateral pars defects and mild-moderate neural foraminal narrowing. The treatment includes medications and conservative treatment. A request had been made for hospital bed rental for 30 days, and was not certified in the pre-authorization process on 3/27/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hospital bed rental x 30 days:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page(s): 51. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee chapter, Durable medical equipment

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.CMS.gov/Medicare-coverage-database/](http://www.CMS.gov/Medicare-coverage-database/) Section #280.7: Hospital Bed

**Decision rationale:** The MTUS, ACOEM and the ODG fail to address hospital beds. The CMS supports durable medical equipment to include hospital beds for certain patients and conditions. The CMS requirements for coverage include: the patient's condition requires positioning of body, to alleviate pain, promote good body alignment, prevent contractures, avoid respiratory infections, in ways not feasible in an ordinary bed; or the patient's condition requires special attachments that cannot be fixed or used on an ordinary bed. Review of the available medical records, documents low back pain, and left knee pain however, there is no supporting documentation to meet the criteria for a home hospital bed. Furthermore, the patient is not postsurgical, nor has surgery scheduled at this point in time. Given the lack of documentation to meet the CMS requirements for coverage, this request is not considered medically necessary.