

Case Number:	CM14-0056604		
Date Assigned:	07/11/2014	Date of Injury:	08/02/2011
Decision Date:	09/08/2014	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	04/28/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in California and 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 injured worker is a 59 year old male who reported an injury to his left knee. The utilization review dated 04/18/14 resulted in a denial for a 2 month rental of a hospital bed as insufficient information had been submitted confirming the medical necessity of the use of a hospital bed within the home setting. The operative report dated 01/20/12 indicates the injured worker having undergone a left knee arthroscopy with a partial medial meniscectomy. The clinical note dated 09/10/13 indicates the injured worker complaining of end stage osteoarthritis at the left knee which was gradually worsening. The therapy evaluation dated 09/19/13 indicates the injured worker showing 3-/5 strength at the left hip flexors and the left knee extensors. The injured worker was identified as having previously undergone a left knee arthroscopy on 09/18/13 with a subsequent admission to a skilled nursing facility for 4 months following the surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hospital Bed Var Ht. with Mattress: 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)- Knee and Leg.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter, Durable Medical Equipment.

Decision rationale: The request for a hospital bed with varying height with a mattress is non-certified. The documentation indicates the injured worker having undergone a left knee arthroplasty with subsequent strength deficits. A hospital bed is indicated for injured workers likely to benefit from a prolonged stay with immobilization. The documentation indicates the injured worker showing strength deficits in the left lower extremity within the postoperative setting. However, the therapy notes do indicate the injured worker ambulating sufficient distances. Therefore, it is unclear if the injured worker would benefit from the use of a hospital bed. As such, the request is not fully indicated.