

Case Number:	CM14-0071536		
Date Assigned:	07/16/2014	Date of Injury:	01/30/2012
Decision Date:	08/22/2014	UR Denial Date:	05/07/2014
Priority:	Standard	Application Received:	05/16/2014

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 Orthopedic Spine Surgery and is licensed to practice in Texas. 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 50-year-old female who reported an injury on 01/30/2012. The mechanism of injury was not stated. Current diagnoses include right lateral compartment osteoarthritis, status post medial and lateral menisectomy with patellofemoral chondroplasty, and obesity. The injured worker was evaluated on 03/20/2014 with complaints of right knee pain. It is noted that the injured worker was status post Orthovisc injection. Previous conservative treatment also includes home exercise, anti-inflammatory medication and ice therapy. Physical examination revealed no acute distress, a limping gait, moderate effusion, weakness, and medial joint line tenderness. Treatment recommendations at that time included a knee replacement. A Request For Authorization was then submitted on 04/30/2014 for a 1 month rental of a hospital bed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hospital bed rental 1 month: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Lumbar chapter.

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

Decision rationale: Official Disability Guidelines state durable medical equipment is recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment. Mattress selection is subjective and depends on personal preference and individual factors. As per the documentation submitted, the injured worker is scheduled for a right total knee arthroplasty on 05/21/2014. However, there is no indication that this injured worker will be bed- or home-bound following surgery. The medical necessity for the requested durable medical equipment has not been established. As such, the request is not medically necessary.