

Case Number:	CM14-0094937		
Date Assigned:	07/25/2014	Date of Injury:	10/29/1990
Decision Date:	12/18/2014	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	06/23/2014

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 Internal Medicine and Pulmonary Diseases and is licensed to practice in California, Florida, and New York. 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 73-year-old male who reported an injury on 10/29/1990. The mechanism of injury was not submitted for clinical review. The diagnoses included recent GI bleed, atrial fibrillation, renal failure, and coronary artery disease. Within the clinical documentation submitted dated 04/30/2014, it was reported the injured worker was admitted to the hospital for a cardioembolic stroke and CVA with severe dysphagia. He had a PEG tube placed. The documentation submitted indicated the PEG tube placement was due to delirium and was admitted due to rapid atrial fibrillation with hypotension. The physical examination noted the injured worker had a symmetrical S1 and S2 positive. Abdomen is soft, PEG tube site is clean, nontender, and no rigidity or guarding. A request was submitted for durable medical equipment (DME) rental of a hospital bed, semi electric with half rails times one month, and a DME purchase of 2 basic wheelchair cushions. However, a rationale was not submitted for clinical review. The Request for Authorization was not submitted for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME Rental: Hospital Bed, semi electric with half rails x 1 month: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Evidence Based Guidelines

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, Mattress Selection

Decision rationale: The request for DME Rental: Hospital Bed, semi electric with half rails x 1 month is not medically necessary. The Official Disability Guidelines note mattress selections are not recommended to use firmness as a sole criterion. Recent studies note a waterbed and a body contour form mattress generally influence back symptoms, function, and sleep more positively than a hard mattress, but the differences were small. There are no high quality studies to support the purchase of any type of specialized mattress or bedding as a treatment for low back pain. Mattress selection is subjective and depends on the personal preference of individual doctors. On the other hand, pressure ulcers from spinal cord injury may be treated by specialist support services, including beds, mattresses, and cushions designed to redistribute pressure. The clinical documentation submitted lacks significant objective findings warranting the medical necessity for the bed. There is a lack of documentation indicating the injured worker is treated for pressure ulcers. Therefore, the request is not medically necessary.

DME Purchase: 2" basic wheelchair cushion: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Evidence Based Guidelines

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, DME

Decision rationale: The request for DME Purchase: 2 basic wheelchair cushion is not medically necessary. The Official Disability Guidelines state that manual wheelchairs are recommended if the employee requires and will use a wheelchair to move around in their residence, and prescribed by a physician. The clinical documentation submitted failed to indicate the injured worker is utilizing a wheelchair. There was a lack of clinical documentation warranting the medical necessity for wheelchair cushions. Therefore, the request is not medically necessary.