

Case Number:	CM14-0120055		
Date Assigned:	09/24/2014	Date of Injury:	09/18/2009
Decision Date:	01/05/2015	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	07/30/2014

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, has a subspecialty in Hospice and Palliative Medicine and is licensed to practice in Pennsylvania. 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 58-year-old woman with a date of injury of 09/18/2009. The submitted and reviewed documentation did not identify the mechanism of injury. Treating physician notes dated 05/19/2014 and 07/08/2014 indicated the worker was experiencing back and knee pain that caused problems sleeping. Documented examinations described tenderness in the right knee. The submitted and reviewed documentation concluded the worker was suffering from a recent right knee replacement. Treatment recommendations included oral pain medications and an electric hospital bed with side rails to improve sleep. A Utilization Review decision was rendered on 07/15/2014 recommending non-certification for the rental or purchase of an electric hospital bed with side long side rails.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electric hospital bed with side long side rails (rental or purchase): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back Procedure Summary Updated 07/03/2014

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Schulte-Rodin S, et al. Clinical guideline for the Evaluation and Management of Chronic Insomnia in Adults. J Clinic Sleep Medicine Guideline.

Oct 15 2008; 4(5): 487-504, National Coverage Determination for Hospital Beds; Centers for Medicare and Medicaid Services. Accessed 12/26/2014. <http://www.cms.gov/medicare-coverage-database/details/ncd>

Decision rationale: The MTUS Guidelines are silent on this issue in this clinical situation. Hospital beds are generally medically needed when a worker's condition requires special positioning, such as to alleviate pain, avoid getting frozen joints, or prevent infections, in ways that cannot be achieved with a regular bed. Another reason a hospital bed may be medically needed is for specialized attachments that are medically needed by the worker. An electronic adjustment feature is needed when the worker requires changes in positioning immediately or quite frequently, and the worker is able to operate the controls. The 2008 AASM Guideline and the literature stress the importance of a thorough history in order to establish the type and evolution of insomnia, perpetuating factors, and pertinent concurrent issues. Monitoring data from a sleep diary before and during active treatment is strongly encouraged. The submitted and reviewed documentation concluded the worker was experiencing decreased sleep due to on-going back and knee pain. A detailed assessment of the worker's sleep problem was not documented. There was no discussion detailing the reason(s) proper positioning could not be achieved in a regular bed, any necessary bed attachments required for the worker's condition, or a need for frequent or immediate position changes requiring electronic controls. In the absence of such evidence, the current request for renting or purchasing an electric hospital bed with side long side rails is not medically necessary.