

<b>Case Number:</b>	CM14-0193096		
<b>Date Assigned:</b>	11/26/2014	<b>Date of Injury:</b>	02/22/2012
<b>Decision Date:</b>	01/14/2015	<b>UR Denial Date:</b>	10/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/18/2014

### 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 Occupational & Environmental Medicine, has a subspecialty in Medical Toxicology and is licensed to practice in West Virginia. 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:

This individual is a 58 year old male who sustained an industrially related injury on February 22nd of 2012 involving her left foot and ankle. He has ongoing complaints of pain and inflammation of the left foot. The latest physical examination in the provided medical record (9/29/14) notes inflammation and pain (not defined) with hypersensitivity to touch with the left foot and ankle and supports the diagnosis of CRPS. However, the available records and physical examination document little else. There is no description of mobility or lack thereof, or of any upper extremity dysfunction. Also there is no description of any alternative means to elevate the lower extremity being attempted. This request is for an adjustable bed and a scooter lift/holder for his vehicle.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Adjustable Bed Qty 1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Power Mobility devices Page(s): 99. Decision based on Non-MTUS Citation <http://www.cms.gov/medicare-coverage-database/details/ncs>

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Durable Medical Equipment (DME) and Exercise Equipment Medicare.gov, durable medial equipment

**Decision rationale:** ODG states regarding durable medical equipment (DME); "Recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME) below"Medicare details DME as:-durable and can withstand repeated use-used for a medical reason-not usually useful to someone who isn't sick or injured-appropriate to be used in your homeAn adjustable bed meets two of the four DME criteria: durability and appropriateness for home use. However, the treating physician does not provide a rationale regarding the medical reason for the bed and the notes in the provided medical record do not document the medical need as required by the ODG. As such, the request for an adjustable bed is deemed not medically necessary.

**External Lift/Holder for scooter Qty 1:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Durable Medical Equipment (DME) and Exercise Equipment Medicare.gov, durable medial equipment

**Decision rationale:** ODG states regarding durable medical equipment (DME); "Recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME) below"Medicare details DME as:-durable and can withstand repeated use-used for a medical reason-not usually useful to someone who isn't sick or injured-appropriate to be used in your homeA scooter external lift meets three of the four DME criteria: durability, usefulness and appropriateness for home use. However, the treating physician does not provide a rationale regarding the medical reason for the lift and the notes in the provided medical record do not document the medical need as required by the ODG as such the request for a scooter lift/holder is deemed not medically necessary.