

Case Number:	CM14-0200975		
Date Assigned:	12/11/2014	Date of Injury:	06/22/2000
Decision Date:	01/30/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	12/01/2014

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 Surgery and is licensed to practice in California. 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 62-year-old female who reported an injury on 06/22/2000. The mechanism of injury was a fall. Her diagnosis was noted as low back syndrome. Her past treatments were noted as medication, surgery, back brace, icing, physical therapy, and a home exercise program. Her diagnostic studies were noted to include an MRI of the lumbar spine, performed on 09/22/2014, which was noted to reveal multilevel degenerative disc disease of the lumbar spine with severe central spinal canal stenosis at L3-4, contributed by a grade 1 anterolisthesis at this level. Her surgical history was noted to include lumbar fusion with decompression in 11/17/2014. During the assessment dated 12/15/2014, the injured worker was seen for a followup for laminectomy on 11/17/2014. She reported no pain in her legs since surgery. The physical examination revealed limitation in motion in the low back. Her current medications were noted to include Norco 10/325 mg and a stool softener (the frequencies were illegible). The treatment plan was to continue with medication. The rationale for the postoperative hospital bed rental was not provided. The Request for Authorization form was dated 11/14/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service : Post operative hospital bed rental, 8-12 weeks: 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 & Leg, Durable medical equipment (DME).

Decision rationale: The request for postoperative hospital bed rental, 8 to 12 weeks, is not medically necessary. The Official Disability Guidelines recommend durable medical equipment generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment. The criteria for the term DME are defined as: equipment which is primarily customarily used to serve a medical purpose, and generally is not useful to a person in the absence of illness or injury. The rationale for the request was not provided. As the postoperative hospital bed rental does not meet the criteria listed above, the request is not medically necessary.