

<b>Case Number:</b>	CM14-0205628		
<b>Date Assigned:</b>	12/17/2014	<b>Date of Injury:</b>	06/25/1996
<b>Decision Date:</b>	02/11/2015	<b>UR Denial Date:</b>	11/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/08/2014

### 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 Medicine, 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:

68 year old male parole agent injured his knees at work on 25 Jun 1996. The accepted injuries associated with this event are bilateral knee injury, bilateral feet injury, right elbow injury, right shoulder injury and right hip injury. He also has been diagnosed with rheumatoid arthritis, fibromyalgia, hearing loss requiring hearing aid, hypertension, mild sleep apnea, peptic ulcer and trigger finger. At his last evaluation on 23 Oct 2014 he complained of continued total body pain, chronic fatigue, problem sleeping, right side flank pain associated with blisters (present for 2 weeks and diagnosed as herpes zoster). On exam he had rheumatoid arthritis deformities in his hands and legs but no new joint swelling, no skin lesions and a normal neurologic exam. No ancillary studies were available for review. Treatment has included surgery (8 arthroscopic knee surgeries, right knee replacement, multiple bilateral foot surgeries) and medications (tramadol-dextro-capsaicin cream, Enbrel, flurbiprofen-lidocaine-menthol cream).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Electronic recliner bed (queen size), QTY: 1:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Rheumatoid arthritis: the management of rheumatoid arthritis in adults. London (UK): National Institute for Health and Clinical Excellence (NICE); 2009 Feb. 35 p. (NICE clinical guideline; no. 79)

**Decision rationale:** A specialized bed used for medical rehabilitation or preventive health is recommended by for use only when the individual is confined to a bed [note: ACOEM does not recommend prolonged bed rest for more than 2 days], is at risk of developing skin ulcers, or has an orthopedic injury that precludes weight bearing. The patient's records do not document any of these conditions for this patient. Based on the information that is provided there is no medical necessity for this patient to require an electronic recliner bed.