

Case Number:	CM14-0207717		
Date Assigned:	12/19/2014	Date of Injury:	12/21/1998
Decision Date:	02/12/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	12/11/2014

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 Physical Medicine Rehab, has a subspecialty in Pain 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:

The injured worker's original date of injury was December 21, 1998. The industrial diagnoses include chronic hip pain, chronic bilateral knee pain, and chronic low back pain. According to submitted progress notes, the patient continues with significant chronic pain despite conservative treatment. The patient has had physical therapy, aquatic therapy, and pain medications. The disputed request is for a [REDACTED] electric bed. A utilization review determination had noncertified this requests on November 12, 2014. The stated rationale was that the claimant "does not appear to have a condition that requires positioning of the body that is not feasible with a regular bed, pillows, or wedges.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electric Bed [REDACTED] (Purchase): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Clinical Policy Bulletins

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 9792.21(c). Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Medicare Guidelines, Hospital Bed. <http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=227&ncdver=1&bc=AAAAQAAAAAA&>

Decision rationale: Section 9792.21(c) of the California Medical Treatment Utilization Schedule states that: "Treatment shall not be denied on the sole basis that the condition or injury is not addressed by the MTUS. In this situation, the claims administrator shall authorize treatment if such treatment is in accordance with other scientifically and evidence-based, peer-reviewed, medical treatment guidelines that are nationally recognized by the medical community, in accordance with subdivisions (b) and (c) of section 9792.25, and pursuant to the Utilization Review Standards found in section 9792.6 through section 9792.10." In the case of this request for an electric [REDACTED] bed, there are no national guidelines that advocate specifically for use of this type of bed. This bed is not considered durable medical equipment in the same way that a hospital bed would be. This request is not medically necessary as it is not considered durable medical equipment by classic definitions from Medicare.