

<b>Case Number:</b>	CM14-0092108		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	02/06/1987
<b>Decision Date:</b>	01/14/2015	<b>UR Denial Date:</b>	05/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/18/2014

### 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 Physical Medicine and Rehabilitation 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 underlying date of injury in this case is 02/06/1987. The date of the Utilization Review under appeal is 05/23/2014. The diagnoses include chronic back pain, osteoarthritis, degenerative disc disease, gastroenteritis, gunshot wound to the right leg, osteoporosis, scoliosis, and spinal stenosis. Current treatment note of 08/19/2014 from the patient's spine surgeon reports that his diagnoses include severe kyphoscoliosis and narcotic dependency. On 06/19/2014 a prescription for an adjustable bed reported the indication of chronic orthopedic pain and neuropathic pain. A hospital nurse assessment note of 02/18/2014 indicates that the patient had a history of chronic low back pain since the 1970s which was worse that morning with radiation down both legs, right worse than left. A physical therapy evaluation 02/24/2014 noted the patient complained of back pain and an inability to stand up straight with a complex history of a gunshot wound and many other injuries.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Adjustable bed:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=227&ncdver=1&DocID=280.7&SearchType=Advanced&bc=IAAAABAAAAA>

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Durable Medical Equipment

**Decision rationale:** The California Medical Treatment Utilization Schedule does not specifically discuss an indication for an adjustable bed. Official Disability Guidelines/Treatment in Workers Compensation discusses durable medical equipment in the context of the knee/DMA equipment, noting that this equipment is recommended generally if there is a medical need and the device meets Medicare's definition of durable medical equipment. The medical records at this time are unclear in terms of what type of adjustable bed has been requested, if the request is for an electric or manually adjustable bed, or the specific clinical reasoning or type of positioning which the patient requires. For these reasons, the request for an adjustable bed is not supported by the records and guidelines. This request is not medically necessary.