

Case Number:	CM15-0133303		
Date Assigned:	07/21/2015	Date of Injury:	02/02/2010
Decision Date:	08/18/2015	UR Denial Date:	07/08/2015
Priority:	Standard	Application Received:	07/09/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 60-year-old male, who sustained an industrial injury on 2/02/2010. Diagnoses include severe degenerative joint disease left knee, status post left knee arthroscopy, status post right shoulder surgery, and degenerative joint disease right knee. Treatment to date has included surgical intervention including left total knee arthroplasty (TKA) on 6/02/2015 followed by postoperative physical therapy (4 out of 12 sessions completed) and medications including Norco and Gabapentin. Per the Primary Treating Physician's Progress Report dated 7/01/2015, the injured worker reported bilateral knee and right shoulder pain. He rates his pain as 6-8/10 with medications and 8-10/10 without medications in severity. Physical examination of the left knee revealed an antalgic gait and a single point cane in the right hand. Active ranges of motion include flexion of 95 degrees and extension -10 degrees. The plan of care included medications and follow-up care. Certification was granted for 3 weeks of hospital bed rental status post TKA. Authorization was requested for an additional 4 weeks of hospital bed rental until 7/31/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extended hospital bed rental until 7/31/15: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and leg chapter, durable medical equipment.

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 Chapter/Durable Medical Equipment Section.

Decision rationale: MTUS guidelines do not address the use of durable medical equipment; therefore, other guidelines were consulted. DME is recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME) below. Medical conditions that result in physical limitations for patients may require patient education and modifications to the home environment for prevention of injury, but environmental modifications are considered not primarily medical in nature. Certain DME toilet items (commodes, bedpans, etc.) are medically necessary if the patient is bed- or room-confined, and devices such as raised toilet seats, commode chairs, sits baths and portable whirlpools may be medically necessary when prescribed as part of a medical treatment plan for injury, infection, or conditions that result in physical limitations. The term DME is defined as equipment which: (1) Can withstand repeated use, i.e., could normally be rented, and used by successive patients; (2) Is primarily and customarily used to serve a medical purpose; (3) Generally is not useful to a person in the absence of illness or injury; & (4) Is appropriate for use in a patient's home. In this case, the injured worker is status-post left total knee arthroplasty (TKA) on 6/02/2015. Certification was granted for 3 weeks of hospital bed rental status post TKA. The injured worker continues to have problems with ambulation and has completed only 4 physical therapy appointments to date. It appears that the continued use of a hospital bed would be beneficial; therefore, the request for extended hospital bed rental until 7/31/15 is determined to be medically necessary.