

Case Number:	CM15-0135104		
Date Assigned:	07/23/2015	Date of Injury:	05/26/2015
Decision Date:	08/19/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	07/13/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 28 year old male who sustained an industrial /work injury on 5/26/15. He reported an initial complaint of ankle/foot pain. The injured worker was diagnosed as having left lateral malleolus fracture and syndesmosis injury and fracture in the right ankle at the talus s/p closed reduction of the left ankle with an external fixator on 5/26/15. Treatment to date includes medication, diagnostics, and surgery (external fixation device) on right lower extremity. CT scan results reported on 5/27/15 notes external fixation device of the foot and calcaneus bilaterally, slight improvement in the widening of the ankle mortise, and relatively stable oblique fracture through the distal fibula. Currently, the injured worker complained of right ankle pain and limitation with ambulation and transfers. Per the primary physician's report (PR-2) on 6/11/15, exam noted non weight bearing on the right side and using a wheelchair. There was mild swelling present and decreased range of motion on right. The requested treatments include a hospital bed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hospital bed: 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) Chapter (Online Version).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter.

Decision rationale: This 28 year old male has complained of ankle and foot pain since date of injury 5/26/15. He has been treated with surgery, physical therapy and medications. The current request is for a hospital bed. Per the ODG guidelines cited above, there is no quality evidence that supports the purchase and use of any bedding or mattress for treatment purposes. On the basis of the available medical documentation and per the guidelines cited above, the request for a hospital bed is not indicated as medically necessary.