

Case Number:	CM15-0165002		
Date Assigned:	09/02/2015	Date of Injury:	02/21/2011
Decision Date:	10/05/2015	UR Denial Date:	08/06/2015
Priority:	Standard	Application Received:	08/22/2015

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: Physical Medicine & Rehabilitation, Neuromuscular 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 41 year old male, who sustained an industrial injury on February 21, 2011. The injured worker was diagnosed as having chronic pain, cervical, thoracic, lumbosacral, left knee and right shoulder sprain and left knee instability and internal derangement. Treatment to date has included Transcutaneous Electrical Nerve Stimulation (TENS) unit and medication. A progress note dated June 17, 2015 provides the injured worker complains of back, left shoulder and left knee pain. He reports knee instability, falling and using a cane. He rates the pain 5-9 out of 10. Physical exam notes tenderness to palpation of the shoulder, back and knee with decreased range of motion (ROM), crepitus of the knee and weakness. The plan includes medication and adjustable bed.

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 Official Disability Guidelines, Knee Chapter, Durable medical equipment (DME).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and leg-DME.

Decision rationale: Adjustable Bed is not medically necessary per the ODG. The MTUS Guidelines does not address this request. The ODG states that durable medical equipment is defined as equipment which can withstand repeated use is primarily and customarily used to serve a medical purpose; generally is not useful to a person in the absence of illness or injury; and is appropriate for use in a patient's home. The request for an adjustable med is not medically necessary as it does not meet the criteria for DME (durable medical equipment). The request is not medically necessary.