

Case Number:	CM15-0183068		
Date Assigned:	09/23/2015	Date of Injury:	11/24/2010
Decision Date:	11/20/2015	UR Denial Date:	08/21/2015
Priority:	Standard	Application Received:	09/17/2015

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: Arizona, Michigan

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 52 year old female who sustained an industrial injury on 11-24-2010. Records show that the injured worker was being treated for severe degenerative arthritis of both hips, right greater than left. On 07-13-2015, she was seen for a preoperative evaluation. Ambulation made her feel worse. She reported sharp deep aching pain in the right hip area. She had a progressive problem over the last few years. It had caused her to gain weight and it had severely compromised her ability to get around and seek gainful employment. Physical examination demonstrated morbid obesity, severely antalgic gait, rolling walker, normal coordination, and intact sensation in right and left lower extremities and normal deep tendon reflexes in bilateral lower extremities. Right and left hip range of motion was grossly limited and with pain. Right hip inspection showed apparent leg length discrepancy shorter than contralateral sided. Right and left hip extension could not be performed secondary to pain. The treatment plan included total hip arthroplasty. On 07-20-2015, she underwent a right total hip arthroplasty. On 07-23-2015 she was discharged from the hospital to a rehab facility. A request for authorization dated 08-14-2015 was submitted for review. The requested services included continued stay at named facility from 7-29 through 8-20 discharge on 8-21. According to discharge orders dated 08-18-2015, the provider ordered an adjustable non-rolling desk chair in order for the injured worker to have somewhere to sit when eating or doing activities of daily living. She was not allowed to bend past 90 degrees. A firm pillow top queen mattress and box spring set was order so that the injured worker would be able to sleep at home and get out of bed without bending. The provider noted that the injured worker had a low bed and was at high risk for bending more than 90 degrees. On 08-21-2015, Utilization Review non-certified the request

for Tempur-Pedic bed, adjustable non rolling desk chair, firm pillow top queen mattress and box spring set upon discharge, continued stay at skilled nursing facility from 7-29-2015 to 8-20-2015 discharge on 8- 21.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tempur-pedic 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).

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 (Acute and chronic) / Durable Medical Equipment.

Decision rationale: The MTUS / ACOEM did not specifically address the use of Tempur-pedic bed therefore other guidelines were consulted. Per the ODG, DME are 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, sitz 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. Unfortunately a Tempur-pedic bed does not meet Medicare's definition of DME, therefore the request for Tempur-pedic bed is not medically necessary.

Adjustable non rolling desk chair: 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).

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 (Acute and chronic) / Durable Medical Equipment.

Decision rationale: The MTUS / ACOEM did not specifically address the use of adjustable non rolling desk chair therefore other guidelines were consulted. Per the ODG, DME are 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, sitz 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. Unfortunately adjustable non-rolling desk chair does not meet Medicare's definition of DME, therefore the request for adjustable non rolling desk chair is not medically necessary.

Firm pillow top queen mattress and box spring set upon discharge: 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).

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 (Acute and chronic) / Durable Medical Equipment.

Decision rationale: The MTUS / ACOEM did not specifically address the use of Firm pillow top queen mattress and box spring set, therefore other guidelines were consulted. Per the ODG, DME are 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, sitz 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. Unfortunately firm pillow top queen mattress and box spring set does not meet Medicare's definition of DME, therefore the request for firm pillow top queen mattress and box spring set upon discharge is not medically necessary.

Continued stay at skilled nursing facility from 7/29/2015 to 8/20/2015. discharge on 8/21: 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).

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 / Skilled nursing facility (SNF) care.

Decision rationale: The MTUS did not address the use of skilled nursing facility, therefore other guidelines were consulted. Per the ODG, "recommended if necessary after hospitalization when the patient requires skilled nursing or skilled rehabilitation services, or both, on a 24-hour basis. A Skilled Nursing Facility or SNF has Registered Nurses who help provide 24-hour care to people who can no longer care for themselves due to physical, emotional, or mental conditions. A licensed physician supervises each patient's care and a nurse or other medical professional is almost always on the premises. This may include: an R.N. doing wound care and changing

dressings after a major surgery, or administering and monitoring I.V. antibiotics for a severe infection; a physical therapist helping to correct strength and balance problems that have made it difficult for a patient to walk or get on and off the bed, toilet or furniture Recommend up to 10-18 days in a skilled nursing facility (SNF) or 6-12 days in an inpatient rehabilitation facility (IRF), as an option but not a requirement, depending on the degree of functional limitation, ongoing skilled nursing and / or rehabilitation care needs, patient ability to participate with rehabilitation, documentation of continued progress with rehabilitation goals, and availability of proven facilities, immediately following 3-4 days acute hospital stay for arthroplasty. (DeJong, 2009) (DeJong, 2009) See also Hospital length of stay (LOS). For patients with knee replacement and patients with hip replacement, inpatient rehabilitation facilities (IRFs) had better outcomes than did skilled nursing facilities (SNFs), because earlier and more intensive rehabilitation was associated with better outcomes. (DeJong, 2009) A review of the injured workers medical records that are available for review did not reveal a clear rationale for the extended stay beyond guideline recommendations and without this information medical necessity is not medically necessary.