

Case Number:	CM15-0191597		
Date Assigned:	10/06/2015	Date of Injury:	03/04/1991
Decision Date:	11/19/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	09/29/2015

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: Texas, New York, 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 applicant is a represented 67-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of March 4, 1991. In a Utilization Review report dated September 27, 2015, the claims administrator failed to approve a request for a hospital bed- 60-day rental. The claims administrator referenced an RFA form received on September 17, 2015 in its determination. The claims administrator suggested that the attending provider has failed to furnish a compelling evidence to support the request. The applicant's attorney subsequently appealed. On September 28, 2015, the applicant was described as having undergone earlier spine surgery. The applicant was asked to begin participation in physical therapy. The applicant was on OxyContin, Norco, and Neurontin, it was stated on this date. The applicant exhibited hyposensorium about the lower extremities with well-preserved lower extremity muscle strength appreciated. On August 24, 2015, the treating provider stated that the applicant's fusion hardware was stable on postoperative radiographs. Norco, Neurontin, and OxyContin were continued. The applicant was asked to follow up in six weeks. No specific mention was made of the need for the hospital date on this date. On August 4, 2015, the treating provider stated that the applicant was presenting for a preoperative evaluation. The attending provider contended that the applicant had difficulty lying supine preoperatively. On August 11, 2015, the applicant underwent lumbar spine surgery at the L3-L4 and L4-L5 levels. The attending provider noted that the applicant had developed pseudoarthrosis at the previously operated upon L4-L5 level.

IMR ISSUES, DECISIONS AND RATIONALES

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

Rental hospital bed x 60 day: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg.

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

Decision rationale: No, the request for a 60-day hospital bed rental was medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic of durable medical equipment. However, ODG's Knee Chapter Durable Medical Equipment topic notes that DME is defined as equipment which can withstand repeated use, could normally be rented, used by successive individuals, is primarily and customarily used to serve a medical purpose, is not useful to an individual without an illness or injury, and is appropriate for home usage. Here, the claimant was described on August 4, 2015 as having difficulty lying supine on a conventional bed. Provision of the hospital bed on a 60-day rental basis was indicated for postoperative use purposes as part and parcel of treatment for ongoing issues of low back pain status post the lumbar spine surgery which apparently transpired on August 11, 2015. Therefore, the request was medically necessary.