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| <b>Case Number:</b>   | CM15-0194440 |                              |            |
| <b>Date Assigned:</b> | 10/09/2015   | <b>Date of Injury:</b>       | 08/24/2012 |
| <b>Decision Date:</b> | 11/24/2015   | <b>UR Denial Date:</b>       | 09/04/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/02/2015 |

### 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, California  
 Certification(s)/Specialty: Family Practice

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 55 year old male patient, who sustained an industrial injury on 8-24-2012. He sustained the injury due to stepped down 5 inches on uneven landing causing the patient to stumble down in to a tree. The diagnoses include status post right foot debridement and osteotomy, right knee internal derangement, right knee pain, left achilles tendonitis, left knee pain, lumbar spine multilevel bulges with bilateral lower extremity radiculopathy, lumbar spine sprain-strain, seasonal affective disorder, sleep disorder, GERD, and gastrointestinal (GI) complaints. Per the doctor's note dated 8-24-2015, the patient reported right knee pain rated 7-8 out of 10 and low back pain rated 7 out of 10, heartburn and trouble swallowing. The Primary Treating Physician's report dated 8-24-2015, noted the gastrointestinal (GI) physician recommended a bed wedge or adjustable bed for the patient's heartburn and difficulty swallowing symptoms. The Physician noted the patient would benefit from an adjustable bed the injured body parts and difficulty getting out of bed. The patient was noted to have no functional change since her previous examination. The physical examination revealed an antalgic gait favoring the right lower extremity using a right knee walker, exhibiting trouble with standing and rising from a seated position, tenderness in the lumbar spine, the lumbosacral spine, and the sacrum; decreased lumbar spine range of motion. The medications list includes Norco, Flurbiprofen cream, Neurontin, Flexeril, and Prilosec. He has had right tibia/fibula dated 8/11/15 which revealed a healed malunion fracture and severe osteoarthritis; right foot X-ray dated 8/11/15. Prior treatments have included chiropractic treatments and an osteotomy of the second metatarsal with extensor tenotomy of the right foot on 7-17-2015. The treatment plan was noted to include chiropractic treatments, medications prescribed including Norco, Flurbiprofen cream, Neurontin, Flexeril, and Prilosec, and request for an adjustable bed. The injured worker's work status was noted to be temporarily totally disabled. The request for

authorization dated 8-27-2015, requested an adjustable bed. The Utilization Review (UR) dated 9-4-2015, denied the request for an 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 (ODG) Knee & Leg (updated 7/15/15) 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) Chapter: Knee & Leg (updated 07/10/15), Durable medical equipment (DME).

**Decision rationale:** Q-- Adjustable bed. CA MTUS and ACOEM do not address this request. Per the ODG guidelines 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." Per the records provided the patient has history of GERD. The adjustable bed is requested for prevention of GERD. Evidence of modifications to the home environment for prevention of injury is not specified in the records provided. Evidence of significant physical limitations for patients that may require an adjustable bed is not specified in the records provided. The request for Adjustable bed is not medically necessary.