

Case Number:	CM15-0195207		
Date Assigned:	10/08/2015	Date of Injury:	03/01/2009
Decision Date:	11/19/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	10/05/2015

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: 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 injured worker is a 50 year old female who sustained an industrial injury on 03-01-2009. According to a progress report dated 08-19-2015, the injured worker had a history of complex regional pain syndrome with right upper extremity pain. She reported more foot swelling and pain. Pain had worsened recently and she was unable to ambulate. She was living on the 3rd floor with no elevator and could not leave her apartment or go outside because of her pain. Pain was rated 10 out of 10 in severity. Pain was located in the right wrist. It radiated to the right forearm to the arm and to the collar bone with occasional left hand pain. She also had pain from the toes to groin bilaterally worst on the right side. Pain was constant and burning. Treatment to date has included surgery, medications, lidocaine injections, stellate ganglion block, spinal cord stimulator and intravenous Ketamine infusions. Assessments included reflex sympathetic dystrophy of the upper limb and reflex sympathetic dystrophy of the lower limb. The provider noted that the injured worker would continue to need home assistance because of her severe level of pain and disabilities. The provider noted that because of the severity of her pain and total disability, that she should have home assistance daily for 4 hours. "She could not feed herself, bath, etc. and performed most activities of daily living well." According to a progress report dated 09-14-2015, the injured worker reported right wrist, arm, psych and complex regional pain syndrome (CRPS). Wrist pain was rated 9 on scale of 1-10. The provider noted that the injured worker was known to have CRPS of the right upper extremity which was now spread to the right shoulder, neck and contralateral upper extremity. She was wheelchair bound and needed assistance for continuing care. Severe pain, tenderness on right upper extremity and neck was

noted. She had implantation of a spinal cord stimulator that she relied on. Recommendations included assisted living, full electric hospital bed, 3 in 1 commode, "trapee" bars, shower chair, reclining wheelchair, Hoyer-lift electric and hospital table. An authorization request dated 09-24-2015 was submitted for review. The provider noted that assistive living was needed and recommended. Requested services included full electric hospital bed, "trapee" bars, 3 in 1 commode, shower chair, reclining wheel chair, Hoyer lift electric and hospital table. On 10-01-2015, Utilization Review non-certified the request for purchase of full electric hospital bed for complex regional pain syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of full electric hospital bed for complex regional pain syndrome: 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) Low Back Chapter/Mattress Selection, Knee & Leg Chapter/Durable Medical Equipment (DME) Section.

Decision rationale: The MTUS Guidelines do not address electric adjustable bed and mattress. The ODG report that studies do not provide evidence for mattress selection based on firmness as a sole criteria. Mattress selection is subjective and depends on personal preference and individual factors. Pressure ulcers from spinal cord injury may be treated by special support surfaces, including beds, mattresses and cushions, designed to redistribute pressure. Per the ODG, durable medical equipment 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. Most bathroom and toilet supplies do not customarily serve a medical purpose and are primarily used for convenience in the home. 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, bed pans, 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. Many assistive devices, such as electric garage door openers, microwave ovens, and golf carts, were designed for the fully mobile, independent adult, and Medicare does not cover most of these items. The term DME is defined as equipment which: (1) Can withstand repeated use, i.e., could normally be rented, and used by successive patients; (2) Is primarily and customarily used to serve a medical purpose; (3) Generally is not useful to a person in the absence of illness or injury; & (4) Is appropriate for use in a patient's home. In this case, the injured worker is noted to have complex regional pain syndrome of multiple body parts, however, there is very little documented evidence to support the diagnosis. The documentation fails to detail the level of disability the injured worker is experiencing and does not justify the need for an electric hospital bed, therefore, the request for purchase of full electric hospital bed for complex regional pain syndrome is determined to not be medically necessary.