

Case Number:	CM15-0197561		
Date Assigned:	10/13/2015	Date of Injury:	10/08/2011
Decision Date:	11/23/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/07/2015

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, Oregon, Washington
 Certification(s)/Specialty: Orthopedic Surgery

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 male who sustained an industrial injury on October 08, 2011. Recent primary treating office visit dated September 01, 2015 reported subjective complaint of "good relief after the surgery." He "feels weakness and pain." He is status post right total knee replacement on August 13, 2015. The following diagnoses were applied to this visit: status post laminectomy discectomy lumbar; neurogenic bladder; status post left knee arthroscopy 2013; left knee total replacement 2014; status post right total knee 2015, and sexual impairment secondary to pain. The plan of care is with recommendation for continuing physical therapy, refilled medications Norco, and Cialis. At primary follow up dated August 04, 2015 there was noted subjective complaint of "continued, constant, and moderate to severe, pain in the right knee which is progressively getting worse." The worker is pending surgical intervention. There is also complaint of "pain continues in the lower back with radiation to both legs with numbness and weakness." The plan of care is with requested recommendation for surgery, walker with seat for post-operative ambulation; hospital bed for support post-operatively, and MRI of lumbar spine. On September 14, 2015 a request was made for post-operative hospital bed for support and walker with seat for post-operative ambulatory support of which the bed was non-certified by Utilization Review on September 24, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post operative hospital bed: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation URL [www.cms.gov/medicare-coverage-database/details/ncd-details.aspx].

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 section, Mattress selection.

Decision rationale: CA MTUS/ACOEM is silent on the issue of a medical bed. ODG Low Back section, Mattress selection, states that there are no high quality studies to support the purchase or rental of any type of specialized mattress or bedding as a treatment of low back pain. The guideline does not support the request. Therefore the request for a medical bed is not medically necessary and appropriate.