

Case Number:	CM15-0213684		
Date Assigned:	11/03/2015	Date of Injury:	10/17/2013
Decision Date:	12/15/2015	UR Denial Date:	10/28/2015
Priority:	Standard	Application Received:	10/30/2015

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: Illinois, California, Texas
 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:

This injured worker is a 53-year-old male who sustained an industrial injury on 10/17/13. The mechanism of injury was not documented. The injured worker was diagnosed with L4/5 spondylolisthesis and spinal stenosis. He underwent anterior lumbar interbody fusion and partial corpectomy at L4/5, bilateral posterior lumbar laminectomies at L4/5, and posterolateral spinal fusion at L4/5 with instrumentation on 10/19/15. There were no post-operative records submitted for review. A request was submitted on 10/23/15 for 3-month rental of a hospital bed as the injured worker was having trouble ambulating in and out of his bed. The 10/28/15 utilization review non-certified the request for 90-day rental of a hospital bed as there was no rationale supporting the need for a hospital bed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hospital bed rental x 90 days: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CMS.Gov Centers for Medicare & Medicaid Services National Coverage Determination (NCD) for Hospital Beds Manual Section Title Hospital Beds.

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: Durable medical equipment (DME) and Other Medical Treatment Guidelines National Coverage Determination for Hospital Beds #280.7, Publication # 100-3, Centers for Medicare and Medicaid Services.

Decision rationale: The California MTUS guidelines do not provide recommendations for post-operative durable medical equipment (DME). The Official Disability Guidelines recommend DME generally if there is a medical need and if the device or system meets Medicare's definition of DME. The DME is defined as equipment which: Can withstand repeated use, i.e., could normally be rented, and used by successive patients; Is primarily and customarily used to serve a medical purpose; Generally is not useful to a person in the absence of illness or injury; & Is appropriate for use in a patient's home. National Coverage Determination (NCD) for Hospital Beds published by the Centers for Medical and Medicaid Services at CMS.gov provides specific criteria for hospital beds. Criteria to establish the medical necessity of a hospital bed for a particular patient includes: the need for body positioning to alleviate pain, promote good body alignment, prevent contractures, avoid respiratory infections in ways not feasible in an ordinary bed; or the patient's condition requires special attachments that cannot be fixed and used on an ordinary bed. This injured worker is status post 360-degree spinal fusion at L4/5 on 10/19/15. There was no documentation of post-operative objective functional limitations. Difficulty was noted in getting in and out of bed. There is no compelling rationale presented to support the ongoing medical necessity of a hospital bed for 90-days following surgery consistent with guidelines. Therefore, this request is not medically necessary.