

<b>Case Number:</b>	CM15-0222306		
<b>Date Assigned:</b>	11/18/2015	<b>Date of Injury:</b>	10/02/2015
<b>Decision Date:</b>	12/31/2015	<b>UR Denial Date:</b>	10/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2015

### 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: Florida

Certification(s)/Specialty: Neurology, Pain Management

### 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 36 year old male who sustained an industrial injury on 10-2-15. Medical records indicate that the injured worker has been treated for left fibula fracture; left femoral medial condyle fracture; current left knee meniscus tear; left foot drop; right finger fracture. He currently (10-19-15) complains of left knee pain. Physical exam revealed tenderness to lateral aspect of the left knee with some swelling, tightness. Norco relieved the pain. He had an MRI of the left knee showing fibular head fracture with adjacent hematoma surrounding the common peroneal nerve, non-displaced fracture medial femoral condyle, possible partial tear of distal anterior cruciate ligament, radial tear lateral meniscus, subcutaneous and muscle edema. In the progress note dated 10-19-15 the treating provider's plan of care include a hospital bed rental due to the injured worker's inability to climb stairs to his bedroom. The request for authorization dated 10-20-15 was for hospital bed for left leg, 6-week rental. On 10-24-15 Utilization Review non-certified the request for hospital bed for left leg, 6 week rental.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hospital bed for left leg, 6 week rental:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Knee & Leg - Durable medical equipment (DME); [URL [medicare.gov](http://medicare.gov)] Medicare guidelines for 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) lower extremity, bed.

**Decision rationale:** ODG guidelines support that a special mattress or bed may be considered for treatment of pressure ulcers and fractures. The medical records provided for review indicate risk of a pressure ulcer and does indicate physical exam findings of hematoma, fracture and joint instability which limits the mobility of the insured. As such, the medical necessity of temporary hospital bed use is demonstrated. As such, rental is supported. Therefore, the requested treatment is medically necessary.