MAXIMUS Federal Services

Case Number:	CM15-0035062		
Date Assigned:	03/03/2015	Date of Injury:	03/09/2009
Decision Date:	04/10/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/24/2015

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: Arizona, 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:

The injured worker is a 34 year old male, who sustained an industrial injury on March 9, 2009. The injured worker had sustained a spinal cord injury as a result of a motor vehicle accident. The diagnoses have included paraplegia, neurogenic bladder and a stage four ischial pressure ulcer. Treatment to date has included medications, diagnostic testing, acute rehabilitation, a brace, physical therapy, occupational therapy services and multiple surgeries. Current documentation dated January 13, 2015 notes that the injured worker had a right ischial stage four pressure ulcer with debridement performed on December 30, 2014 and a posterior thigh flap on January 8, 2015. The injured worker was noted to be doing well post-operatively. The treating physician recommended an air fluidized therapy bed. On January 28, 2015 Utilization Review non-certified a request for an air fluidized therapy bed #1. The Official Disability Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Air fluidized therapy bed quantity: 1.00: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Durable Medical Equipment (DME), Work

Loss Data Institute, ODG Treatment in Workers' Compensation, 7th Edition, current year (2009) on-line Knee and Leg Chapter (Updated 11/29/12).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Ann Intern Med. 2013 Jul 2; 159(1):39-50. doi: 10.7326/0003-4819-159-1-201307020-00007.Pressure ulcer treatment strategies: a systematic comparative effectiveness review.Smith ME1, Totten A, Hickam DH, Fu R, Wasson N, Rahman B, Motu'apuaka M, Saha S.2. National Pressure Ulcer Guidelines pages 51-54 and redistribution surfaces.

Decision rationale: According to t the NPUAP guidelines and literature referenced above as well as standard practices, the use of an air-fluidized mattress for paraplegics in post-operative setting is appropriate and medically necessary. The claimant was paraplegic, had a Stage 4 pressure ulcer and underwent flap surgery. An air-fluidized mattress is necessary to avoid flap dehiscence and manage pressure distribution. Therefore this request is medically necessary.