

Case Number:	CM15-0040734		
Date Assigned:	03/10/2015	Date of Injury:	07/07/2014
Decision Date:	04/21/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	03/03/2015

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: Physical Medicine & Rehabilitation

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 75-year-old male, who sustained an industrial injury on 7/7/14. The documentation noted on 1/26/15 noted that the injured workers knee continues to get better with very minimal pains with certain movements. The documentation noted the exercises are going well and near return to normal activity. The diagnoses have included left knee joint pain and history of left total knee arthroplasty. The documentation noted that the injured worker had a total knee replacement on 12/4/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Adjustable bed for the left knee purchase: 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: Decision based on Non-MTUS Citation Official disability guidelines, Low Back - Lumbar & Thoracic Chapter, under Mattress Selection hospital bed, Aetna guidelines.

Decision rationale: Based on the 02/04/15 progress report, the patient presents with right knee pain, rated 4-5/10. The request is for an Adjustable bed for the left knee purchase. Per RFA dated 02/04/15, the patient's diagnoses included Left total knee arthroplasty, Left knee medial collateral ligament sprain, Left knee joint effusion, Left knee degenerative joint disease, chondromalacia patallae and Baker's cyst. Physical examination to the Left knee revealed a well-healed arthroplasty extensive scare. Range of motion was decreased, especially on extension, 0 degrees. The patient is temporarily totally disabled. ODG-TWC, Low Back - Lumbar & Thoracic Chapter, under Mattress Selection states, "There are no high quality studies to support purchase of any type of specialized mattress or bedding as a treatment for low back pain. Mattress selection is subjective and depends on personal preference and individual factors. On the other hand, pressure ulcers (e.g., from spinal cord injury) may be treated by special support surfaces (including beds, mattresses and cushions) designed to redistribute pressure. (McInnes, 2011)"Regarding hospital bed, Aetna guidelines states "hospital beds medically necessary" if the patient condition requires positioning of the body (e.g., to alleviate pain), promote good body alignment, prevent contractures, avoid respiratory infections (in ways not feasible in an ordinary bed), or the patient requires the head of the bed to be elevated more than 30 degrees most of the time due to congestive heart failure, chronic pulmonary disease, or problems with aspiration; and the patient's condition requires special attachments (e.g., traction equipment) that cannot be fixed and used on an ordinary bed. Per progress report dated 02/04/15, the treater's reason for the request is "The patient is only able to sleep in 2-3 hour intervals; due to the fact his bed increases his level of pain. He has to get up and sit in a recliner, in order to get sleep..." ODG does not support "any type of specialized mattress or bedding as a treatment for low back pain." There is no mention of pressure ulcers that would warrant a special support surface. Post-operative need for a hospital bed is not discussed in ODG or other guidelines. The treater has not documented that the patient presents with congestive heart failure, chronic pulmonary disease, or problems with aspiration, to meet the criteria required by AETNA guidelines. The request is not in accordance with guideline criteria. Therefore, the request is not medically necessary.