

Case Number:	CM15-0048086		
Date Assigned:	03/20/2015	Date of Injury:	03/15/2013
Decision Date:	04/24/2015	UR Denial Date:	02/16/2015
Priority:	Standard	Application Received:	03/13/2015

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: New York, Tennessee
 Certification(s)/Specialty: Emergency Medicine

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 53 year old male, who sustained an industrial injury on March 15, 2013. The injured worker was diagnosed as having right shoulder pain, partial rotator cuff tear with subchondral cysts, labral degeneration, impingement. Treatment to date has included distal bicep repair, physical therapy, medications, and durable medical equipment. Currently, the injured worker complains of right shoulder pain. He underwent right shoulder arthroscopy with subacromial decompression, Mumford resection, side to side repair of the subscapularis and helix rotator cuff repair. He is reported to be doing well post-surgery. His treatment plan includes initiation of elbow, wrist and hand exercises, ice therapy, and to keep the right upper extremity in a sling. The evaluating physician requests a hospital bed for the injured worker in that he lives alone and needs help to get out of bed with a sling on and an injured left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) post-operative hospital bed: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Hospital bed National Coverage Determination (NCD) for Hospital Beds, Publication Number 100-3, Manual Section Number 280.7.

Decision rationale: MTUS does not comment on hospital bed necessity. Per CMS guidelines, a hospital bed may be medically necessary and, therefore, covered, for one of the following conditions: Severe arthritis and other injuries to lower extremities; e.g., fractured hip. The condition requires the variable height feature to assist the patient to ambulate by enabling the patient to place his or her feet on the floor while sitting on the edge of the bed; Severe cardiac conditions. For those cardiac patients who are able to leave bed, but who must avoid the strain of "jumping" up or down; Spinal cord injuries, including quadriplegic and paraplegic patients, multiple limb amputee and stroke patients. For those patients who are able to transfer from bed to a wheelchair, with or without help; or Other severely debilitating diseases and conditions, if the variable height feature is required to assist the patient to ambulate. In this case, there is no documentation that the patient is suffering from any of the conditions listed above. Hospital bed is not medically necessary. The request should not be authorized.