

Case Number:	CM15-0049408		
Date Assigned:	03/23/2015	Date of Injury:	01/13/2001
Decision Date:	05/01/2015	UR Denial Date:	03/05/2015
Priority:	Standard	Application Received:	03/16/2015

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: Preventive Medicine, Occupational 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 year old male who sustained a work related injury on January 13, 2001. He was diagnosed with multi-level degenerative disc disease and degenerative joint disease, lumbar radiculopathy and foot drop. Treatment included pain medications, neuropathy medications, epidural steroid injections, lumbar laminectomy and physical therapy. Currently, the injured worker complained of ankle pain after falling down stairs. He was diagnosed with a left ankle sprain, with a left proximal phalanx fracture. The treatment plan that was requested for authorization included the purchase of a bariatric bed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bariatric bed purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 65. Decision based on Non-MTUS Citation Medicare Guidelines on Hospital Beds.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Blue Cross of California Clinical UM Guideline, 10/08/2013; Hospital Beds and Accessories.

Decision rationale: The MTUS is silent on this issue. A fixed height hospital bed is considered medically necessary if one or more of the following criteria are met: 1. The individual has a medical condition that requires positioning of the body in ways not feasible with an ordinary bed to alleviate pain, prevent contractures, promote good body alignment or avoid respiratory infections. 2. The individual 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. Pillows or wedges must have been considered and ruled out. Elevation of the head/upper body less than 30 degrees does not usually require the use of a hospital bed. 3. The individual requires special attachments, such as traction equipment, that can only be attached to a hospital bed. There is no evidence in the medical record that any of the above criteria are met. The bariatric bed is not medically necessary.