

Case Number:	CM15-0051646		
Date Assigned:	03/24/2015	Date of Injury:	10/02/2008
Decision Date:	05/12/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	03/17/2015

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: North Carolina

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 42 year old female, who sustained an industrial injury on 10/2/2008. Diagnoses have included internal derangement of the knee, status post total knee replacement on the right and discogenic lumbar condition with facet inflammation. Treatment to date has included physical therapy and medication. The injured worker underwent manipulation of the right knee under anesthesia on 12/18/2014. According to the progress report dated 2/11/2015, the injured worker complained of pain in her right knee and lower back. She had nine therapy sessions. She came in with a cane, rather than a walker, which was an improvement. She was to have manipulation of her right knee again. Physical exam revealed tenderness along the knee; no instabilities noted. Authorization was requested for a three month extension of a hospital bed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hospital Bed (3 month extension): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation website, www.cms.gov/.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, durable medical equipment.

Decision rationale: Per the Official Disability Guidelines section on durable medical equipment, DME is primarily and customarily used to serve a medical purpose and generally not useful to a person in the absence of illness or injury. DME equipment is defined as equipment that can withstand repeated use i.e. can be rented and used by successive patients, primarily serves a medical function and is appropriate for use in a patient's home. The patient is currently status post total knee replacement. The patient is making progress at home with CPM and home physical therapy. The clinical documentation does not establish the need for a hospital bed extension. Therefore, the request is not medically necessary.