

Case Number:	CM15-0081897		
Date Assigned:	05/04/2015	Date of Injury:	02/21/2011
Decision Date:	06/03/2015	UR Denial Date:	04/01/2015
Priority:	Standard	Application Received:	04/28/2015

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, Pain Management, 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 41 year old male who sustained an industrial injury on February 21, 2011. Previous treatment includes massage therapy, cortisone injection and medications. Currently the injured worker complains of upper, mid and low back pain and tenderness. Diagnoses associated with the request include lumbar strain, thoracic strain, degenerative disc disease of the lumbar spine, lumbar disc displacement. The treatment plan includes massage therapy, left knee surgery, left knee cortisone injection, medication and adjustable bed.

IMR ISSUES, DECISIONS AND RATIONALES

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

The purchase of an adjustable bed: 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), Knee & Leg Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Leg Durable Medical Equipment.

Decision rationale: ODG states that durable medical equipment is primarily and customarily used for medical purposes. The patient's bed mobility, transfers from bed to floor and community mobility is not provided in the medical records. Adjustable beds are used to place individuals in comfortable positions and do not prevent decubiti, assist with bed mobility or assist with transfers. This request for an adjustable bed does not meet ODG criteria for durable medical equipment and is denied.