

Case Number:	CM14-0124537		
Date Assigned:	09/25/2014	Date of Injury:	09/26/2008
Decision Date:	10/27/2014	UR Denial Date:	07/07/2014
Priority:	Standard	Application Received:	08/06/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 54-year-old male with a reported injury on 09/25/2006. The mechanism of injury was not reported. The injured worker's diagnoses included left knee pain. The injured worker's past treatments included medications, physical therapy, aquatic therapy, TENS unit, durable medical equipment to include an elevated toilet seat, knee brace and a stationary bicycle. The injured worker's diagnostic testing included an EMG/NCV of the left lower extremity on 09/24/2013, which was normal. The injured worker had a left hip x-ray, which was unremarkable. Lumbar spine x-rays were taken on 11/21/2013, which showed mild degenerative changes of the facets at L5-S1 in the leftward side bending view, which may have been positional, otherwise normal x-rays. On 01/16/2014, the injured worker had a lumbar spine MRI, which demonstrated desiccated L5-S1 disc with moderate to severe right and moderate left foraminal stenosis impinging on the right L5 nerve root. The injured worker's surgical history was not provided; however, there was mention of a left knee surgery that was unspecified. The injured worker was evaluated on 06/24/2014, for his complaints of lower backache, left upper extremity pain, right elbow pain and bilateral hip pain. The injured worker reported that his pain level had increased since the last visit and his quality of sleep is poor. The injured worker's activity level had remained the same. The clinician observed and reported the injured worker had a left sided antalgic gait, assisted by a cane. A focused examination of the lumbar spine revealed restricted range of motion with flexion limited to 65 degrees by pain, extension was limited to 15 degrees by pain. There was generalized pain and stiffness with range of motion of the lumbar spine. Palpation of the paravertebral muscles elicited tenderness and a tight muscle band was noted on the left side. Lumbar facet loading was negative on both sides. Straight leg raise test was positive on the left side in the supine position. Tenderness was noted over the sacroiliac spine. A focused left knee examination revealed no deformity, swelling, quadriceps

atrophy, asymmetry or malalignment. Range of motion was restricted with difficulty with knee extension. There was no crepitus. Tenderness to palpation was noted over the lateral joint line, medial joint line, patella and posteriorly. No joint effusion was noted. The patellar grind test was positive. Motor testing was limited by pain, but motor strength of the extensor hallucis longus was 4/5 on the right and 4-/5 on the left. Ankle dorsiflexors measure of strength was 4/5 on the right and 4-/5 on the left. The ankle plantar flexors strength was measured as 4/5 on the right and 4-/5 on the left. On sensory examination, light touch sensation was decreased over the thumb, index finger, middle finger, ring finger, little finger, medial hand, lateral hand, anterior thigh, posterior thigh, medial forearm, lateral forearm and lower extremity on the left side. Deep tendon reflexes were normal, except for the left knee and ankle which were 1/4. Waddell's sign was negative. The request was for purchase of orthopedic bed (left knee). The rationale for the request was for treatment of knee pain, patellofemoral pain status post left knee arthroscopy, abdominal pain, joint pain pelvis, mood disorder, carpal tunnel syndrome and low back pain. The Request for Authorization form was submitted on 06/26/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of Orthopedic Bed (left knee): 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), Treatment Index, 11th Edition (Web), 2013, Knee and leg, Durable Medical Equipment DME

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

Decision rationale: The request for purchase of an orthopedic bed (left knee) is not medically necessary. The injured worker continued to complain of low backache, left upper extremity pain, right elbow pain and bilateral hip pain. The Official Disability Guidelines recommend durable medical equipment generally if there is a medical need and if the device or system meets REDACTED definition of durable medical equipment below. The guidelines do not specifically address an orthopedic bed for knee pain for the left knee. However, durable medical equipment is defined as equipment which can withstand repeated use, i.e. could normally be rented and used by successive patients; is primarily and customarily used to serve a medical purpose; generally is not useful to a person in the absence of illness or injury and is appropriate for use in the patient's home. With regard to these criteria an orthopedic bed could be used repeatedly and could be rented; bed are not primarily and customarily used to serve a medical purpose; beds are generally useful to a person in the absence of illness or injury; and beds are appropriate for use in the patient's home. Two of the criteria were not met. Therefore, the request for purchase of an orthopedic bed (left knee) is not medically necessary.