

Case Number:	CM14-0143921		
Date Assigned:	09/12/2014	Date of Injury:	06/11/2012
Decision Date:	10/14/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/05/2014

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 female with an original industrial injury on June 11, 2012. The covered body regions include the upper back, neck, and left upper extremity. The patient has cervical degenerative disc disease, cervical spinal stenosis, left shoulder rotator cuff tear, and right shoulder rotator cuff tear in tendinopathy. The injured worker has certification to undergo anterior cervical discectomy and fusion with allograft. The disputed request is for a hospital bed postoperatively. A utilization review determination had noncertified this on the grounds that there is "no documentation of any postoperative limitations that would require specialized equipment."

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-Operative Hospital Bed (In months) Qty: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC, Treatment; Integrated Treatment/Disability Guidelines, Low Back Chapter: Mattress section

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medicare Guidelines, (found on <http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx>).

Decision rationale: The California Medical Treatment and Utilization Schedule does directly address hospital beds. The following are Medicare Indications and Limitations of Coverage regarding Hospital Beds:

A - General Requirements for Coverage of Hospital BedsA physician's prescription, and such additional documentation as the contractors' medical staffs may consider necessary, including medical records and physicians' reports, must establish the medical necessity for a hospital bed due to one of the following reasons:-The patient's condition requires positioning of the body; e.g., to alleviate pain, promote good body alignment, prevent contractures, avoid respiratory infections, in ways not feasible in an ordinary bed; or-The patient's condition requires special attachments that cannot be fixed and used on an ordinary bed.

B - Physician's PrescriptionThe physician's prescription, which must accompany the initial claim, and supplementing documentation when required, must establish that a hospital bed is medically necessary. If the stated reason for the need for a hospital bed is the patient's condition requires positioning, the prescription or other documentation must describe the medical condition, e.g., cardiac disease, chronic obstructive pulmonary disease, quadriplegia or paraplegia, and also the severity and frequency of the symptoms of the condition, that necessitates a hospital bed for positioning.If the stated reason for requiring a hospital bed is the patient's condition requires special attachments, the prescription must describe the patient's condition and specify the attachments that require a hospital bed.

C - Variable Height FeatureIn well documented cases, the contractors' medical staffs may determine that a variable height feature of a hospital bed, approved for coverage under subsection A above, is 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.

D - Electric Powered Hospital Bed AdjustmentsElectric powered adjustments to lower and raise head and foot may be covered when the contractor's medical staff determines that the patient's condition requires frequent change in body position and/or there may be an immediate need for a change in body position (i.e., no delay can be tolerated) and the patient can operate the controls and cause the adjustments. Exceptions may be made to this last requirement in cases of spinal cord injury and brain damaged patients.

E - Side Rails If the patient's condition requires bed side rails, they can be covered when an integral part of, or an accessory to, a hospital bed."

Hospital beds at home our research for patients with special needs or severe disability which require specialized equipment. This can include specialized mattress is for patients with limited mobility, side rails for protection of patients with agitation or impulse control disorders, or electrical actuators to help for patients who need frequent body changes. In the case of this injured worker, there is documentation of some minor motor weakness, but it is graded 4 to 5 out of 5 in a progress note on June 27, 2014. There is intact sensation for this injured worker, and the patient's mobility is such that frequent body positional changes can be accomplished on her own. Therefore, this request is not medically necessary.