

<b>Case Number:</b>	CM14-0083496		
<b>Date Assigned:</b>	06/09/2014	<b>Date of Injury:</b>	06/09/2005
<b>Decision Date:</b>	08/07/2014	<b>UR Denial Date:</b>	05/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/05/2014

### 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 Occupational 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 patient is a 66-year-old male who has submitted a claim for post-laminectomy syndrome lumbar region associated with an industrial injury date of 06/09/2005. Medical records from 12/06/2013 to 05/30/2014 were reviewed and showed that patient complained of low back pain graded 9-10/10 radiating to both legs and bilateral knee pain graded 10/10 with no associated radiation.. Physical examination revealed a normal skin color and well-healed midline incision in the lumbar area. There was tenderness over the paralumbar muscles bilaterally and centrally in the lumbar spine. Sensation to light touch was decreased over the left L4-5 dermatomal distribution. DTR was absent in the left lower extremity and right ankle. MMT was 2-4/5 except for hip abduction (5/5) in the left lower extremity. A 34 degree knee flexion contracture was noted on the left leg. SLR test was positive at 60 degrees on the left and at 90 degrees on the right lower extremity. MRI of the lumbar spine dated 12/06/2013 revealed posterior subluxation of the L4-5 disc and spinal canal stenosis. L1-2 spinal canal stenosis, L3-4 bilateral foraminal narrowing, Treatment to date has included L2-5 lumbar fusion (TLIF) 04/2013, lumbar epidural injection, bilateral Dynasplint, physical therapy, and pain medications. Utilization review, dated 05/30/2014, certified the request for left knee hinge brace because it was medically necessary to help with gait training. Utilization review, dated 01/21/2014, modified the request for evaluation and replacement of previously authorized and provided hospital bed to evaluation of the hospital bed because guidelines support use of a hospital bed at home when the patient's condition requires special attachments that cannot be fixed and used on an ordinary bed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**HINGED LEFT KNEE BRACE: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG) Knee and Leg, Knee Brace.

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

**Decision rationale:** The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, ODG was used instead. According to ODG, criteria for use prefabricated knee braces include knee instability, ligament insufficiency/deficiency, reconstructed ligament, articular defect repair, avascular necrosis, meniscal cartilage repair, painful failed total knee arthroplasty, painful high tibial osteotomy, painful unicompartmental osteoarthritis, and tibial plateau fracture. Custom fabricated knee braces may be used in patients with abnormal limb contour, skin changes, severe osteoarthritis, maximal off-loading of painful or repaired knee compartment, or severe instability. In this case, a flexion contracture of the left leg occurred due to pre-operative disuse based on the medical records provided (03/21/2014). The patient utilized a left knee brace since 05/15/2014 with no documentation of contracture improvement. Moreover, the patient does not have the aforementioned conditions of the left knee to support the request for a knee brace. Therefore, the request for hinged left knee brace is not medically necessary.

**EVALUATION AND REPLACEMENT OF PREVIOUSLY AUTHORIZED AND PROVIDED HOSPITAL BED: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS US Dept of Health and Human Services- Hospital Beds.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Medicare National Coverage Determinations Manual.

**Decision rationale:** The CA MTUS and ODG do not specifically address the topic on hospital bed. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Medicare National Coverage Determinations Manual was used instead. It states that the criteria for a hospital bed include documentation that 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 that the patient's condition requires special attachments that cannot be fixed and used on an ordinary bed. In this case, the patient has been using a hospital bed for post-operative use due to difficulty with immobilization and left leg weakness based on the

medical records (05/15/2014). There was no documentation of required positioning or special attachments that cannot be supported by an ordinary bed. The use of the hospital bed is not in conjunction with the guidelines. There is no discussion as to why variance from guidelines is necessary. Therefore the request for evaluation and replacement of previously authorized and provided hospital bed is not medically necessary.