MAXIMUS Federal Services

Case Number:	CM14-0096734		
Date Assigned:	07/28/2014	Date of Injury:	05/17/2008
Decision Date:	09/18/2014	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	06/25/2014

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 Interventional Spine 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 30-year-old male with a date of injury of 05/17/2009. The listed diagnoses per [redacted] are: 1. Cephalgia, cervical spine and lumbar spine sprain/strain. 2. Status post fracture with open reduction and internal fixation with retained hardware. 3. Status post open reduction, fixation of right fibula with complete muscle atrophy.According to progress report 05/12/2014, the patient continues to have headaches, severe neck pain, and dull aching heaviness down the arm. She is unable to use her right upper extremity. There is left wrist pain with popping and soreness. Low back pain has constant shooting pain down right leg. The patient is unable to do activities of daily living due to current pain level. Examination revealed tenderness, pain, swelling, and edema in the upper extremities. There is no range of motion or muscle strength. There is positive straight leg raise noted. Treater states the patient is recovering from his surgery and is requiring a skilled nurse 16 hours weekly, sock assistant loop handle, bath grab bars, long-handed scrub brush and sponge bath kit, long handheld hair washer, bath mat, chair or bench for shower, raised toilet seat, manual wheelchair, walk-in shower, and electric bed. Utilization review denied the request on 06/09/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electric 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-knee and leg-Durable medical equipment.

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

Decision rationale: The treater is requesting an electric bed to elevate his lower extremity as he spends much of his time in bed. The MTUS and ACOEM Guidelines do not discuss adjustable beds. However, ODG Guidelines do quote one study indicates that this is under study, "Under study. A recent clinical trial concluded that patients with medium firm mattresses had better outcomes than patients with firm mattresses for pain in bed, pain on rising, and disability. A mattress of medium firmness improves pain and disability among patients with chronic nonspecific low back pain." Furthermore, ODG Guidelines discuss durable medical equipment and state that for equipment to be considered medical treatment, it needs to be used primarily and customarily for medical purposes; generally, it is not useful to a person in the absence of illness or injury. In this case, a bed does not meet these criteria. The request is therefore not medically necessary.