

Case Number:	CM13-0064340		
Date Assigned:	01/03/2014	Date of Injury:	05/26/2004
Decision Date:	04/07/2015	UR Denial Date:	12/02/2013
Priority:	Standard	Application Received:	12/11/2013

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: Pennsylvania

Certification(s)/Specialty: Internal 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 52 year old female who sustained an industrial injury reported on 5/26/2004. Diagnoses include left hip osteoarthritis. She underwent left hip replacement with continued pain in the left hip with difficulty walking and abnormal gait. Examination showed global tenderness about her left hip. She was noted to have left hip osteoarthritis, metal-on-metal left total hip replacement, and radiographic evidence of loosening of the acetabular component, for which revision left total hip arthroplasty was scheduled on 12/13/2013. Treatments to date have included consultations, diagnostic imaging studies, surgical intervention, and medications. The work status classification for this injured worker was noted to be retired (as per the 12/6/13 PR-2). At a postoperative visit on 12/30/13, work status was noted as temporarily totally disabled. The treating physician noted discussion with the injured worker regarding recommendations and precautions for leg positioning following the revision surgery. Records from September through December 2013 were submitted. On 12/2/2013, Utilization Review (UR) non-certified, for medical necessity, the request made on 11/27/2013, for a hospital bed. The UR certified, for medical necessity, the requests for a raised commode; front wheel walker; and cold therapy unit. The Official Disability Guidelines, Aetna and Clinical Policy Bulletins (#0543) recommendations, hospital beds and accessories policy, were cited by UR.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOSPITAL BED: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Clinical Policy Bulletin.

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 chapter: durable medical equipment and Other Medical Treatment Guidelines cms.gov National Coverage Determination for hospital beds.

Decision rationale: Per the ODG, durable medical equipment is recommended if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME). DME 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 a patient's home. The Centers for Medicare and Medicaid Services states that a hospital bed may be considered medically necessary if the patient's condition requires positioning of the body 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. The physician documented discussing precautions for leg positioning following surgery, but the specific recommendations were not documented. There was no documentation that the injured worker's condition after the revision left hip replacement surgery would require positioning of the body in ways not feasible in an ordinary bed. Special attachments that cannot be fixed and used on an ordinary bed were not discussed or prescribed. The duration of use of the hospital bed was not specified. Due to lack of sufficient documentation of indication and lack of duration of use, the request for hospital bed is not medically necessary.