

Case Number:	CM15-0122088		
Date Assigned:	07/06/2015	Date of Injury:	09/26/2002
Decision Date:	07/31/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/24/2015

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: California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 62 year old female, who sustained an industrial injury on 9/26/2002. Diagnoses include post laminectomy syndrome of the lumbar region, osteoarthritis of the knee/bilateral knee degenerative joint disease. Treatment to date has included multiple surgical interventions (left carpal tunnel release (2013), right shoulder arthroscopy and decompression (2013), right knee meniscectomy (2012), left shoulder arthroscopy (2012), left knee surgery (2011) and lumbar posterior fusion 2011), as well as conservative measures that have included diagnostics, medications and injections. Per the Primary Treating Physician's Progress Report dated 2/20/2015, the injured worker reported pain in the low back, legs and knees. Physical examination revealed limited active painful range of motion of the lumbar spine with moderate spasm. Knee examination revealed crepitus over both knees with active and passive range of motion. There was medial and joint line tenderness bilaterally. The plan of care included medications and injections. Authorization was requested for adjustable hospital bed purchase

IMR ISSUES, DECISIONS AND RATIONALES

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

DME purchase of an adjustable hospital 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, Low Back.

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

Decision rationale: The MTUS Guidelines do not address electric adjustable bed and mattress. The ODG reports that studies do not provide evidence for mattress selection based on firmness as sole criteria. Mattress selection is subjective and depends on personal preference and individual factors. Pressure ulcers from spinal cord injury may be treated by special support surfaces, including beds, mattresses and cushions, designed to redistribute pressure. The injured worker has low back pain. She is mobile, and there is no evidence of spinal cord injury or paralysis. She has a bed with a new mattress that she does not like. The medical necessity of this request has not been established in the available documentation. The request for DME purchase of an adjustable hospital bed is not medically necessary.