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| Case Number: | CM15-0171359 | | |
| Date Assigned: | 09/11/2015 | Date of Injury: | 07/02/2014 |
| Decision Date: | 10/19/2015 | UR Denial Date: | 08/05/2015 |
| Priority: | Standard | Application Received: | 08/31/2015 |

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, North Carolina
 Certification(s)/Specialty: Family Practice

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 57-year-old male who sustained an industrial injury on 7-2-14 from a fall resulting in immediate swelling and pain of the left knee. He was diagnosed with left knee degenerative arthritis; left anterior cruciate ligament tear; a current tear in the medial meniscus of the left knee; unspecified left joint effusion; rheumatoid arthritis. He currently (7-6-15) complains of left knee pain that was improved with bracing but has difficulty walking for long periods of time. Due to advanced arthrosis, "failed conservative treatment including bracing, rehabilitation, oral anti-inflammatory and steroid injections to the left knee" (per 7-6-15 note) the injured worker is scheduled for total left knee replacement surgery. On physical exam (7-6-15) of the left knee there was tenderness with diffuse pain, restricted range of motion due to pain. Diagnostics included MRI of the left knee (2-20-15) showing documented anterior cruciate ligament insufficiency, complex tearing of the medial meniscus, subchondral impaction fracture; MRI of the left knee (8-11-14) showing osteochondral fracture, compression fracture, bone contusion, full thickness tear of the anterior cruciate ligament, moderate joint effusion, chondromalacia patellae; x-ray of the left knee (2-6-15) showed joint space narrowing of medial compartment and small osteophyte in the proximal pole patella. Prior treatments included bracing; physical therapy with pain relief; medications: methotrexate, Enbrel, Ambien; injections to the knee joint; left knee aspiration and injection (4-21-15) with some symptom relief lasting a few weeks; right knee aspiration (5-22-15); arthroscopy right knee. The request for authorization dated 7-29-15 included hospital bed. On 8-5-15 utilization review evaluated and non-certified the request for hospital bed based on the fact that a planned total knee arthroplasty does not generally require the use of a hospital bed and there were no documented exacerbating clinical conditions that may create the need for a hospital bed.

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 <http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDid=227&cdver=1&DocID=280.7&SearchType=Advanced&bc=1AAAABA A AAAA&A-General Requirements for Coverage of Hospital Beds>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.cms.gov/medicare-coverage-database/details.

Decision rationale: CA MTUS and ODG do not address the indications for a hospital bed. In this case, a planned total knee arthroplasty and recovery does not require the use of a hospital bed. The medical records submitted do not set forth any other medical conditions (such as cardiac or pulmonary) that would require a hospital bed. There is also no rationale presented for the need to elevate the head of the bed and allow access to reposition the patient, which is facilitated by the use of a hospital bed. Patients are encouraged to be ambulatory following total knee arthroplasty and they should have no difficulty getting in and out of a standard bed. Therefore, the request is not medically necessary or appropriate.