

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM15-0172681 |                              |            |
| <b>Date Assigned:</b> | 09/14/2015   | <b>Date of Injury:</b>       | 05/05/2003 |
| <b>Decision Date:</b> | 10/15/2015   | <b>UR Denial Date:</b>       | 08/13/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/01/2015 |

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 47 year old female who sustained an industrial injury on 5-5-03. Diagnoses included status post right carpal tunnel release; right ankle internal derangement, status post right ankle arthroscopic debridement; cervical facet arthrosis; cervical discogenic disease; chronic cervical spine sprain, strain; lumbar discogenic disease; chronic low back pain; status post open decompressive surgery, right shoulder; bilateral knee internal derangement, right greater than left; bilateral knee chronic sprain, strain; history of temporomandibular syndrome; dorsal spine sprain, strain. She currently complains of chronic cervical pain and stiffness; right shoulder pain; low back pain; upper back pain; bilateral ankle and foot pain; bilateral knee pain; right wrist pain; temporomandibular joint pain. Her pain level was 7 out of 10 with medications and 9 out of 10 without medication. With medication, she is able to do light housework. On physical exam of the cervical spine there was spasm, pain and decreased range of motion, facet tenderness and tenderness to palpation; shoulder exam revealed positive impingement sign bilaterally, painful bilateral range of motion; right knee exam revealed positive McMurray sign, tenderness to palpation along the joint line; lumbar spine exam revealed spasm, painful and limited range of motion, positive straight leg raise on the right; right wrist exam revealed a healed scar. Diagnostics include MRI of the cervical spine (6-16-15) showing compression deformity, disc desiccation, disc herniation; MRI of the left shoulder (6-16-15) showing osteoarthritis, bursitis; MRI of the lumbar spine (6-16-15) showing grade 2 spondylolisthesis, disc desiccation, degenerative changes, disc herniation; MRI of the right shoulder (6-16-15) showing previous surgical intervention, superior, anterior, posterior labrum tears, acromioclavicular joint separation. Treatments to date include medications: Percocet,

Flexeril, Anaprox, Prilosec, Lidoderm Patch 5%; physical therapy, which is causing her pain; lumbar epidural steroid injections. Request for authorization dated 8-3-15 was not present. On 8-13-15 utilization review evaluated and non-certified the request for a hospital bed citing that the only time a hospital bed is certified is when there is specialized orthopedic surgery where rehabilitation is prolonged. There is no documentation indicating this circumstance.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**DME-hospital bed:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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-Durable medical equipment (DME).

**Decision rationale:** DME-hospital bed is not medically necessary per the ODG. The MTUS does not address DME. The ODG states that durable medical equipment is recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME) which includes that it can withstand repeated use, 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 documentation does not reveal extenuating factors which would necessitate a hospital bed. There is no documentation that the patient is unable to get in/out of a standard bed independently or that the patient has recently had a surgical procedure which would necessitate accommodations from a specialized hospital bed such as a trapeze. There is no evidence that the hospital bed is being used for a particular medical purpose therefore this request is not medically necessary.