

<b>Case Number:</b>	CM15-0178864		
<b>Date Assigned:</b>	09/21/2015	<b>Date of Injury:</b>	04/15/2003
<b>Decision Date:</b>	10/22/2015	<b>UR Denial Date:</b>	08/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2015

### 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: Physical Medicine & Rehabilitation

### 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 58 year old male, who sustained an industrial injury on 04-15-2003. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for low back pain and bilateral knee pain. Several documents within the submitted medical records are hand written and difficult to decipher. Medical records (07-11-2015 to 08-05-2015) indicate ongoing moderate to severe constant low back pain with radiation to the left lower extremity with numbness and tingling, and mild to moderate bilateral knee pain. Records also indicate no changes in activities of daily living. The IW's work status was deferred to the AME (agreed medical evaluation) which was not available for review. The physical exams, dated 07-11-2015 and 08-05-2015, revealed a mildly forward flex posture, restricted range of motion, pain and spasms with straight leg raises (right greater than left), decreased sensation in the right L5 dermatome distribution, tenderness in the right sacroiliac joint increased with Fabere's maneuver, and bilateral knee exams unchanged. No significant changes were noted. The PR also states that the IW requires an orthopedic bed because he cannot lie flat on a bed and requires head to be elevated to partially flex back. The PR also states that the IW woke up to a non-functioning bed approximately one year ago. Relevant treatments have included work restrictions, and pain medications. The request for authorization (08-05-2015) shows that the following equipment repairs and or replacement were requested: replacement motor for orthopedic bed head and foot, repair or replacement of broken wheel of orthopedic bed head and foot, and new orthopedic bed with elevating head and knees if replacement motor not available. The original utilization review (08-13-2015) denied the request for replacement motor for orthopedic bed head and foot, repair or replacement of broken wheel of orthopedic bed head and

foot, and new orthopedic bed with elevating head and knees if replacement motor not available based on the lack of clear rationale as to why a orthopedic bed, which is primarily and customarily used to serve a medical purpose, is medically necessary when this type of equipment can be rented and used by successive patients.

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

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

**New orthopedic bed with elevating head and knees if replacement motor not available:**  
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) Low Back, Ortho Bed/Mattress, pages 459-460.

**Decision rationale:** Review indicates the patient continues to treat for diagnoses of chronic low back pain and bilateral knee pain. Clinical exam has unchanged chronic neurological findings without history of spinal cord injury to support for specialized orthopedic bed/mattress. Per Medicare criteria for hospital bed coverage, an orthopedic bed/mattress may be an option for consideration when the patient's condition require special fixed attachment not afforded on an ordinary bed or special mechanical positioning to prevent pressure sores or respiratory infections not applicable in this present case. MTUS/ACOEM Guidelines do not address orthopedic bed/mattress; however, ODG does note hospital bed as part of hospitalization and inpatient stay. The Guidelines does not recommend specialized bed/mattresses without acute spinal cord injuries, not identified here. ODG does not recommend specialized orthopedic bed/mattresses for unchanged chronic spinal pain and without acute new injury, progressive neurological deterioration, or spinal cord injuries. Bed/mattress selection is subjective and depends on personal preference and individual factors. There is no report of low back condition in the absence of unstable spinal fractures or cauda equine syndrome. Submitted reports have not addressed or demonstrated medical necessity to support for this orthopedic bed/mattress. The New orthopedic bed with elevating head and knees if replacement motor not available is not medically necessary and appropriate.

**Replacement motor for orthopedic bed head/foot:** 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) Low Back, Ortho Bed/Mattress, pages 459-460.

**Decision rationale:** Review indicates the patient continues to treat for diagnoses of chronic low back pain and bilateral knee pain. Clinical exam has unchanged chronic neurological findings without history of spinal cord injury to support for specialized orthopedic bed/mattress. Per Medicare criteria for hospital bed coverage, an orthopedic bed/mattress may be an option for consideration when the patient's condition require special fixed attachment not afforded on an ordinary bed or special mechanical positioning to prevent pressure sores or respiratory infections not applicable in this present case. MTUS/ACOEM Guidelines do not address orthopedic bed/mattress; however, ODG does note hospital bed as part of hospitalization and inpatient stay. The Guidelines does not recommend specialized bed/mattresses without acute spinal cord injuries, not identified here. ODG does not recommend specialized orthopedic bed/mattresses for unchanged chronic spinal pain and without acute new injury, progressive neurological deterioration, or spinal cord injuries. Bed/mattress selection is subjective and depends on personal preference and individual factors. There is no report of low back condition in the absence of unstable spinal fractures or cauda equine syndrome. Submitted reports have not addressed or demonstrated medical necessity to support for this orthopedic bed/mattress. The Replacement motor for orthopedic bed head/foot is not medically necessary and appropriate.

**Repair/replacement broken wheel of orthopedic bed head/foot:** 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) Low Back, Ortho Bed/Mattress, pages 459-460.

**Decision rationale:** Review indicates the patient continues to treat for diagnoses of chronic low back pain and bilateral knee pain. Clinical exam has unchanged chronic neurological findings without history of spinal cord injury to support for specialized orthopedic bed/mattress. Per Medicare criteria for hospital bed coverage, an orthopedic bed/mattress may be an option for consideration when the patient's condition require special fixed attachment not afforded on an ordinary bed or special mechanical positioning to prevent pressure sores or respiratory infections not applicable in this present case. MTUS/ACOEM Guidelines do not address orthopedic bed/mattress; however, ODG does note hospital bed as part of hospitalization and inpatient stay. The Guidelines does not recommend specialized bed/mattresses without acute spinal cord injuries, not identified here. ODG does not recommend specialized orthopedic bed/mattresses for unchanged chronic spinal pain and without acute new injury, progressive neurological deterioration, or spinal cord injuries. Bed/mattress selection is subjective and depends on personal preference and individual factors. There is no report of low back condition in the absence of unstable spinal fractures or cauda equine syndrome. Submitted reports have not addressed or demonstrated medical necessity to support for this orthopedic bed/mattress. The Repair/replacement broken wheel of orthopedic bed head/foot is not medically

necessary and appropriate.