

Case Number:	CM15-0022876		
Date Assigned:	02/12/2015	Date of Injury:	11/18/1997
Decision Date:	04/03/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	02/06/2015

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, Arizona
 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 70-year-old male who reported an injury on 11/18/1997, due to an unspecified mechanism of injury. The most recent clinical note provided for review was an operative note, dated 01/05/2015. The documentation shows that the injured worker had undergone a right total knee and patella femoral replacement on this date. It was noted that at the time, he was 1 year post successful left total knee replacement and had increasing pain in the right knee with instability symptoms. Informed consent was obtained and total knee replacement arthroplasty was performed on the right knee. No additional information was provided for review regarding his condition. The treatment plan was for a 2 month rental of a semi electric hospital bed for the right knee. The rationale for treatment was not stated.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 month rental of semi-electric hospital bed for the right knee: Upheld

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

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, DME.

Decision rationale: The Official Disability Guidelines indicate that durable medical equipment is equipment that can withstand repeated use, can normally be rented and used by successive patients, and is not generally necessary for a person without an illness or injury. The documentation provided does show that the injured worker had undergone a right total knee and patella femoral replacement arthroplasty. However, recent clinical documentation regarding his condition was not provided for review. There is no evidence that he is unable to ambulate or that he is requiring any special equipment. Also, a clear rationale was not provided for the medical necessity for a hospital bed for the right knee. Without this information, the request would not be supported. Therefore, the request is not medically necessary.