

Case Number:	CM15-0076936		
Date Assigned:	04/28/2015	Date of Injury:	01/17/2009
Decision Date:	05/28/2015	UR Denial Date:	04/17/2015
Priority:	Standard	Application Received:	04/23/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 70 year old female, who sustained an industrial injury on 1/17/2009, while employed as a caretaker, while assisting clients out of home during a fire. The injured worker was diagnosed as having cervical radiculitis and cervical and lumbar sprain/strain. Past medical history included diabetes. Treatment to date has included diagnostics, left shoulder surgery in 2010, and medications. On 3/11/2013, it was documented that an occupational health Registered Nurse evaluated the injured worker and recommended a hospital bed be provided to her. Currently, she used a power wheelchair and she had a hard time positioning herself in bed. The treatment plan included a semi-electrical hospital bed for purchase to be able to position herself better at night during sleep. Her condition was unchanged and she was noted to be in a motorized wheelchair and wearing a back brace. She was unable to walk and was using a wheelchair since 9/03/2010. She had difficulty walking due to leg weakness and instability. PR2 reports, dated 8/12/2014 and 9/18/2014, noted that her gait was within normal limits and she was able to walk on heels and toes without difficulty. Again, the PR2 report dated 4/15/2015, noted objective findings as a gait within normal limits and the ability to walk on heels and toes without difficulty.

IMR ISSUES, DECISIONS AND RATIONALES

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

Semi -Electrical hospital Bed (purchase): 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) Durable Medical Equipment (DME) and Other Medical Treatment Guidelines Medicare.gov, durable medical equipment.

Decision rationale: ODG does state regarding durable medical equipment (DME), "Recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME) below. "Medicare details DME as:-durable and can withstand repeated use-used for a medical reason-not usually useful to someone who isn't sick or injured-appropriate to be used in your home. The treating physician has not provided subjective or objective findings that warrant this type of DME. Although the treating physician states that this patient has difficulty positioning for sleep, there is no documented diagnosis to support the need of a hospital bed. As such, the request for Semi -Electrical hospital Bed (purchase) is not medically necessary.