

Case Number:	CM15-0094843		
Date Assigned:	05/20/2015	Date of Injury:	11/03/2003
Decision Date:	07/21/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	05/15/2015

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 55 year old female who sustained an industrial injury on 11/3/03. The mechanism of injury is unclear. She currently has worsening pain in the cervical, cervical dorsal, thoracic, thorocolumbar, lumbar, lumbosacral, knee and foot. Her pain level is 8/10 without medication and noticeable 75% of the time. The pain is relieved with medications. On physical exam digital palpation revealed edema in the right knee; there is foot tenderness from compensation. She is unable to manage activities of daily living independently. Medications are gabapentin, Prilosec, ibuprofen. Diagnoses include status post bilateral hip replacement; status post right knee replacement; bilateral foot pain, secondary to bilateral hip and right knee replacement. In the progress note dated 2/27/15 the treating provider's plan of care includes a request to reorder new bed pads and liners, one case per month for 12 months for purchase.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of one (1) case bed liner per month for twelve (12) months: 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 Low Back - Lumbar & Thoracic Chapter, under Mattress Selection Knee and Leg Chapter, for DME.

Decision rationale: The patient was injured on 11/03/03 and presents with pain in her cervical spine, cervical dorsal, thoracic, thoracolumbar, lumbar spine, lumbosacral, knee, and foot. The request is for PURCHASE OF ONE (1) CASE BED LINER PER MONTH FOR TWELVE (12) MONTHS. The RFA is dated 02/27/15 and the patient's current work status is not provided. MTUS guidelines do not address durable medical equipment (DME). The ODG guidelines, under Knee and Leg Chapter, for DME states, certain DME toilet items (commodes, bed pans, etc.) are medically necessary if the patient is bed or room-confined, and devices such as raised toilet seats, commode chairs, sitz baths and portable whirlpools may be medically necessary when prescribed as part of a medical treatment plan for injury, infection, or conditions that result in physical limitations. ODG-TWC, Low Back - Lumbar & Thoracic Chapter, under Mattress Selection states, "There are no high quality studies to support purchase of any type of specialized mattress or bedding as a treatment for low back pain. Mattress selection is subjective and depends on personal preference and individual factors. On the other hand, pressure ulcers (e.g., from spinal cord injury) may be treated by special support surfaces (including beds, mattresses and cushions) designed to redistribute pressure. (McInnes, 2011)" The patient is diagnosed with status post bilateral hip replacement, status post right knee replacement, and bilateral foot pain, secondary to bilateral hip and right knee replacement. In this case, the treater does not explain why a bed liner is needed. It does not appear that this piece of furniture provides any medical purpose. Medical necessity for the request cannot be established. Therefore, the request IS NOT medically necessary.