

Case Number:	CM15-0097509		
Date Assigned:	05/28/2015	Date of Injury:	03/16/2010
Decision Date:	06/26/2015	UR Denial Date:	04/20/2015
Priority:	Standard	Application Received:	05/20/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 52 year old male, who sustained an industrial injury on 03/15/2010. He has reported injury to the left shoulder and low back. The diagnoses have included lumbar radiculopathy; status post left L5-S1 POLAR (posterior oblique lumbar arthrodesis) posterior instrumentation with fusion; status post three level ACDF (anterior cervical discectomy and fusion); and status post left rotator cuff repair. Treatment to date has included medications, diagnostics, pain management, physical therapy, home exercises, and surgical intervention. Medications have included Nucynta, MS Contin, Meloxicam, and Lyrica. A progress report from the treating physician, dated 04/03/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of persistent lower back and lower extremity pain; pain severity today is rated 8/10 on the pain scale; increased numbness and stabbing pain into the right thigh radiating into the testicle area; having difficulty lying down and difficulty sleeping; doing fairly well on current medications overall; medications reduce his pain level, but he is having difficulty with most movements, sitting, standing, lying down causing severe pain; and he is requesting an adjustable bed. Objective findings included elevated blood pressure; anxiety; tenderness and spasms noted in the lumbar paraspinal muscles; stiffness noted with motion of the spine; dysesthesia to light touch, bilateral lower extremities; sensitivity and dysesthesia to right anterior thigh area; mobility very difficult and labored; and using a cane for mobility and support. The treatment plan has included the request for durable medical equipment (DME): adjustable king size bed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Durable medical equipment (DME) adjustable king size bed: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, durable medical equipment.

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested item. Per the Official Disability Guidelines section on durable medical equipment, DME is primarily and customarily used to serve a medical purpose and generally not useful to a person in the absence of illness or injury. DME equipment is defined as equipment that can withstand repeated use i.e. can be rented and used by successive patients, primarily serves a medical function and is appropriate for use in a patient's home. The equipment itself is not rentable or able to be used by successive patients. It does not serve a primary medical purpose that cannot be accomplished without it. Therefore, criteria have not been met per the ODG and the request is not certified.