

Case Number:	CM17-0009996		
Date Assigned:	01/25/2017	Date of Injury:	12/12/2016
Decision Date:	02/16/2017	UR Denial Date:	12/22/2016
Priority:	Standard	Application Received:	01/14/2017

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: Preventive Medicine, Occupational 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 60 year old female with a date of injury on 12-12-2016. The injured worker is undergoing treatment for wedge compression fracture of unspecified thoracic vertebra, contusion of the right shoulder and contusion of the right thigh. A physician progress note dated 12-12-2016 documents the injured worker complains of lumbar back pain with spasm and sciatica down to the right knee, right thigh and numbness and it is hard for her to put weight on her right leg. She rates her pain at 5 out of 10 on the pain scale. The injured worker having trouble falling asleep and staying asleep. The injured worker has no tenderness to palpation. Straight leg raise is negative and lumbar spine has full extension, flexion, rotation and lateral bending. The treatment plan includes a hospital bed because the injured worker cannot walk the stairs to her bedroom. The injured worker is not working. Treatment to date has included diagnostic studies, medications, use of a back brace, and use of a wheelchair. Medications include Norco, and Lidoderm patches. Computed tomography of the lumbar spine revealed a compression fracture of T12. The Request for Authorization dated 12-19-2016 includes a hospital bed rental. On 12-22-2016 Utilization Review non-certified the request for hospital bed for an unspecified rental.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hospital bed for an unspecified rental: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer based their decision on recommendation(s) outside of the MTUS Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee/DME, Low Back Lumbar and Thoracic/Mattress selection and Other Medical Treatment Guidelines <https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R148CIM.pdf>.

Decision rationale: MTUS Guidelines do not address this issue. The ODG and Medicare Guidelines address this issue in some detail. The Guidelines recommend specific criteria to support the medical necessity of a hospital bed which includes the specific medical rationale for the bed i.e. positioning, bed bound and risk for pressure wounds, inability to transfer to a bed, severe cardiac disease etc. These criteria are not met. At this point in time, the request is due to difficulty getting to a bed that is upstairs. There is nothing specific regarding the medical necessity for a hospital bed and there is no endpoint estimated for the rental. Under these circumstances, the hospital bed for an unspecified rental is not supported by Guidelines and is not medically necessary.