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| Case Number: | CM13-0016808 | | |
| Date Assigned: | 11/06/2013 | Date of Injury: | 04/12/2012 |
| Decision Date: | 01/14/2014 | UR Denial Date: | 08/14/2013 |
| Priority: | Standard | Application Received: | 08/26/2013 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Preventative Medicine and Occupational Medicine and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 applicant is a represented [REDACTED] [REDACTED] employee who apparently sustained a fracture of the hip, contusion of the knee, and a contusion of the lower back in a trip and fall industrial injury of April 12, 2012. Thus far, she has been treated with the following: Analgesic medications; hip ORIF surgery; transfer of care to and from various providers in various specialties; attorney representation; and extensive periods of time off of work, on total temporary disability. In a utilization review report of August 14, 2013, the claims administrator denied a request for a mattress. The applicant's attorney later appealed, on August 26, 2013. A subsequent progress note of October 28, 2013 is notable for ongoing complaints of low back, bilateral leg, and bilateral knee pain. The applicant apparently sustained a fall on October 22, 2013. Her BMI is 15. Tenderness and limited range of motion are noted about the knee and hip with strength ranging from 4 to 5/5 about the lower extremities. Recommendation is made for the applicant to remain off of work, on total temporary disability. It is stated that the applicant's mattress is worn out and no longer offering adequate support. A firm mattress is therefore endorsed, as is the left knee support brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 firm queen size mattress: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back-Lumbar & thoracic (Acute & chronic)..

MAXIMUS guideline: Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation General Principles of Treatment, Specific Treatment Interventions, Activity Modification and Exercise, Low Back, Devices, Sleeping surfaces.

Decision rationale: The MTUS does not specifically address the topic. As noted in the third edition ACOEM guidelines, specific beds or other commercial products are not recommended for treatment of any chronic pain syndrome. There is no evidence that provision of any specific mattress, firm or soft, would necessarily ameliorate the applicant's chronic back, hip, and knee pain. Therefore, the request is not certified.