

Case Number:	CM13-0035035		
Date Assigned:	12/11/2013	Date of Injury:	07/13/2009
Decision Date:	03/17/2014	UR Denial Date:	10/03/2013
Priority:	Standard	Application Received:	10/16/2013

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 Family Practice 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 patient is a 55-year-old female who reported an injury on 07/13/2009. The patient is currently diagnosed with lumbar radiculopathy, left shoulder pain, and right carpal tunnel syndrome. The patient was seen by [REDACTED] on 09/24/2013. Physical examination revealed slow and antalgic gait, moderately restricted lumbar and cervical range of motion, spinal vertebral tenderness of the cervical spine at C4 through C7, and decreased sensation in the right upper extremity as well as the C5 through C7 dermatome. Treatment recommendations included an orthopedic mattress and continuation of current medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of an orthopedic queen size bed/mattress: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) <https://www.acoempracguides.org/> Low Back.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Mattress Selection.

Decision rationale: Official Disability Guidelines do not recommend using firmness as sole criteria for mattress selection. Mattress selection is subjective and depends on personal preference and individual factors. As per the clinical notes submitted, the patient maintains a diagnoses of lumbar radiculopathy, left shoulder pain, and right carpal tunnel syndrome. Physical examination only reveals limited range of motion with tenderness to palpation and decreased sensation. It is unclear how the requested item will specifically address the patient's current condition or improve function. The medical necessity has not been established. Therefore, the request is non-certified.