MAXIMUS Federal Services

Case Number:	CM13-0035675		
Date Assigned:	12/13/2013	Date of Injury:	01/12/2009
Decision Date:	02/03/2014	UR Denial Date:	09/10/2013
Priority:	Standard	Application Received:	10/17/2013

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 Pain Management, has a subspecialty in Disability Evaluation 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 claimant is a 34-year-old deputy sheriff who claimed sleep, gastritis and headaches consequent to work related injury of January 12, 2009. According to the claimant he was involved in an altercation with an inmate. As a result, he suffered a fractured left hand, with arm, shoulder, and elbow injuries. He went to [redacted] in [redacted]. The wrist was immobilized for five weeks. Later, an MRI showed a third metacarpal fracture with a free fragment. He saw [redacted] who changed his diagnosis to contusion. He complained of shoulder and elbow pain. He then obtained legal representation and was referred to [redacted] at the [redacted]. He felt stressed by his perceived mistreatment and delay of treatment caused by the [redacted] utilization review process. He was diagnosed with diabetes type I at age 10. His blood sugars were controlled with Lanrus insulin 14 units twice a day and NovoLog insulin on a sliding scale. His HbA1c averaged 7 (normal for diabetic control). Coincident with his orthopedic injuries and stress from delayed care, his insulin requirement increased to Lanrus insulin 28 units twice a day and NovoLog insulin on a sliding scale. In April 2012, an email listing his medical conditions and work restrictions was sent to approximately 500 officers and civilian employees and posted on a wall at the [redacted]. There were overt negative comments to and about him from coworkers. The claimant became upset and had three emergency department visits for anxiety, abdominal pains, elevated blood sugar and elevated blood pressure in one week. In September 2012, [redacted] i changed meclication to Levemir insulin 40 units, Victoza and NovoLog on a sliding scale to maintain the HgA1c at the same level. Sleep After the injury in January 2009, the claimant began having difficulty sleeping because of pain. He retires between 10 p.m. and 10:30 p.m. There is a two-hour latency to sleep time. He takes

IMR ISSUES, DECISIONS AND RATIONALES

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

Tempurpedic Bed: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation CMS Definition of DME

Decision rationale: The Physician Reviewer's decision rationale: CA-MTUS (Effective July 18, 2009) is mute on this topic. However, Center for Medicare and Medicaid Services policy states : DME is covered under Part B as a medical or other health service of the social security act and is equipment that: (1) Can withstand repeated use, i.e., could normally on this t be rented, and used by successive patients; (2) Is primarily and customarily used to serve a medical purpose; (3) Generally is not useful to a person in the absence of illness or injury; & (4) Is appropriate for use in a patient's home. (CMS, 2005) . All the requirements of the definition must be met before a item can be considered to be a durable medical equipment. Therefore the request for Tempurpedic Bed: is not medically necessary, since this type of bed is not primarily and customarily used for medical purpose according to the above definition of Durable Medical Equipment.