

<b>Case Number:</b>	CM13-0038385		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	10/22/2007
<b>Decision Date:</b>	02/21/2014	<b>UR Denial Date:</b>	10/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/25/2013

### 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 63 year old male stating that the first time he reported his injuries with pain was on June 28, 2008. The claimant stated that he had a continuous trauma injury while working as a [REDACTED]. The claimant further stated that continuous trauma has been occurring since June 28, 2008 to July 18, 2013. The claimant stated that he has to use both hands continuously, fabricating and welding plastic cabinet. It is a repetitive motion. He has to constantly look down on the material he is working on. The claimant stated the he started to have symptoms of numbness, tingling, and pain on June 28, 2008, at which time he was not able to tolerate the pain so he reported his injury. Then, he was seen first at [REDACTED] located in [REDACTED]. The claimant was referred to [REDACTED] who ordered an EMG test. The claimant stated that he underwent physical therapy initially about four weeks after he was evaluated. It did not help very much. Physical therapy involved a TENS unit exercise and wax treatment. In September 2008, because his symptoms did not improve after the treatment for about two months, he then underwent carpal tunnel release of his right wrist. He had an EMG/NCV done in August 2008, at which time the NCV demonstrated carpal tunnel syndrome of both hands, right being worse than the left. His symptoms were much worse in the right hand so he had surgery. After the surgery, his pain has improved for a period of three years. In year 2011, his pain became recurrent and his pain in the right hand was becoming gradually worse so he was again seen by [REDACTED] on July 18, 2011. He was subsequently seen by [REDACTED] [REDACTED] operated on him in the past in 2008 on his right hand. He was referred to [REDACTED] and he also stated that he had additional physical therapy three times weekly for four weeks and he also had acupuncture treatment two times weekly for four weeks but nothing seemed effective. At the physical therap

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Orthopedic mattress:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**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.

**Decision rationale:** CA MTUS is mute on this subject. The Official Disability Guidelines Low Back: Mattress Selection section discusses: Not recommended to use firmness as sole criteria. In a recent RCT, a waterbed (Aqva) and a body-contour foam mattress (Tempur) generally influenced back symptoms, function, and sleep more positively than a hard mattress, but the differences were small. The dominant problem in this study was the large amount of dropouts. The predominant reason for dropping out before the trial involved the waterbed, and there was some prejudice towards this type of mattress. The hard mattress had the largest amount of test persons who stopped during the trial due to worsening LBP, as users were more likely to turn around in the bed during the night because of pressures on promenading body parts. (Bergholdt, 2008) Another clinical trial concluded that patients with medium-firm mattresses had better outcomes than patients with firm mattresses for pain in bed, pain on rising, and disability; a mattress of medium firmness improves pain and disability among patients with chronic non-specific low-back pain. (Kovacs, 2003) There are no high quality studies to support purchase of any type of specialized mattress or bedding as a treatment for low back pain. Mattress selection is subjective and depends on personal preference and individual factors. On the other hand, pressure ulcers (e.g., from spinal cord injury) may be treated by special support surfaces (including beds, mattresses and cushions) designed to redistribute pressure. (McInnes, 2011). Therefore the request for Orthopedic mattress is not medically necessary.