

Case Number:	CM13-0040054		
Date Assigned:	12/20/2013	Date of Injury:	01/05/1994
Decision Date:	03/17/2014	UR Denial Date:	10/16/2013
Priority:	Standard	Application Received:	10/29/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 53 year old male who reported an injury on 01/05/1994. The mechanism of injury is not specifically stated. It is only noted that the patient's injury occurred in the course of his usual work duties. The patient is currently diagnosed with cervical radiculopathy, failed back surgery syndrome, lumbar radiculopathy, status post fusion, chronic pain, and history of thoracic outlet syndrome. The patient was seen by [REDACTED] on 09/13/2013. The patient reported ongoing neck pain with radiation to bilateral upper extremities. Physical examination revealed tenderness to palpation bilaterally in the paravertebral area of L4-S1 levels. Treatment recommendations at that time included an orthopedic mattress, king size, as well as house keeping assistance twice per month

IMR ISSUES, DECISIONS AND RATIONALES

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

DME-Orthopedic bed: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Durable medical equipment (DME).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, Durable Medical Equipment, Low Back Chapter, Mattress selection

Decision rationale: Official Disability Guidelines state durable medical equipment is recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment. 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. There is no documentation of a significant musculoskeletal or neurological deficit upon physical examination. The medical necessity for the requested durable medical equipment has not been established. Based on the clinical information received, the request is non-certified.