

<b>Case Number:</b>	CM13-0041457		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	12/21/1998
<b>Decision Date:</b>	05/06/2014	<b>UR Denial Date:</b>	10/14/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/30/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Orthopedic Surgery 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 expert 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 58-year-old female who was injured on December 21, 1998. Multiple body injuries were noted including the bilateral knees, hips and low back. Previous clinical records for review indicate status post right total knee arthroplasty as well as revision arthroplasty and two prior left knee surgeries being performed in the form of arthroscopies in 2003 and 2011. The claimant is also status post bilateral hip replacement procedures since time of surgery which were performed in 1999 as well as a left total hip revision arthroplasty on an unclear date. At most recent clinical assessment of August 28, 2013, the claimant was still with multiple complaints of bilateral hip, knee and low back pain with examination showing tenderness to the lumbar spine, positive sensory deficits to the right anterior thigh, lateral calf and right ankle. Medication management, a custom mattress and physical therapy were recommended at that time. At present there is a request for a "[REDACTED] Bed" for this claimant in the chronic course of her care.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DME:** [REDACTED] **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), Official Disability Guidelines Treatment in Worker's Comp, 18th Edition, 2013 Updates: Low Back Procedure.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)-- OFFICIAL DISABILITY GUIDELINES TREATMENT IN WORKER'S COMP , 18TH EDITION, 2013 UPDATES: LOW BACK PROCEDURE - MATTRESS SELECTION

**Decision rationale:** CA MTUS states, "Comfort is often a patient's first concern. Nonprescription analgesics will provide sufficient pain relief for most patients with acute and subacute symptoms. If treatment response is inadequate (i.e., if symptoms and activity limitations continue), prescribed pharmaceuticals or physical methods can be added." When looking at Official Disability Guideline criteria, the specific request for a "██████████ Bed" would not be indicated. Mattress selection in and of itself is a personal preference with no criteria indicating one mattress or another as being beneficial in the clinical setting. There are a multitude of subjective influences regarding mattress selection, most of which being a personal preference and individual factors that would not be entirely encompassed in this claimant's work related claim. The specific request for the mattress in question would thus not be indicated.