

<b>Case Number:</b>	CM13-0046437		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	01/04/1979
<b>Decision Date:</b>	07/30/2014	<b>UR Denial Date:</b>	10/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2013

### 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 Occupational Medicine, 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:

Injured worker is a male with date of injury January 4, 1979. Per primary treating physician's progress report and authorization request, the injured worker was seen for follow-up of his pain in multiple areas. He still complains of a lump in his right upper arm. He did not schedule the MRI of the right biceps that was approved. He complains of more pain in his right hip, right knee, left knee and right ankle. He would like x-rays of these areas. He is interested in trying acupuncture, which he has not done for the industrial injury. He continues to complain of neck pain and stiffness as well as right shoulder pain. On examination, cervical spine rotation right and left is 20 degrees. Right shoulder flexion is decreased. There is a lump in his right upper arm. Bilateral lower extremity strength is 4+/5. Gait is antalgic. Diagnoses include 1) chronic pain with multiple joint surgeries, including right hip replacement and bilateral knee replacements 2) status post right shoulder surgery, twice 3) chronic neck pain 4) chronic pain in the ankles 5) chronic left hip pain 6) right shoulder rotator cuff injury 7) non-industrial diabetes 8) possible tear of the right biceps tendon two to three years old.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Electric adjustable bed and mattress, purchase:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**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:** The requesting physician states that the electric California King Niagra adjustable bed he got in 1981 does not work to be able to adjust the foot or head part up and down. The mattress is worn and does not provide support. The California Medical Treatment Utilization Schedule (MTUS) Guidelines do not address electric adjustable bed and mattress. The ODG report that studies do not provide evidence for mattress selection based on firmness as a sole criteria. Mattress selection is subjective and depends on personal preference and individual factors. Pressure ulcers from spinal cord injury may be treated by special support surfaces, including beds, mattresses and cushions, designed to redistribute pressure. The injured worker has pain in multiple body parts, and is status post hip replacement and bilateral knee replacement. He has an antalgic gait, indicating that he is mobile, and there is no evidence of spinal cord injury or paralysis. He has a bed that reportedly no longer works and has a worn out mattress, but the medical necessity of this request as treatment for his industrial injuries has not been established. The request for an electric adjustable bed and mattress, purchase is determined to not be medically necessary.