MAXIMUS Federal Services

Case Number:	CM13-0054107		
Date Assigned:	12/30/2013	Date of Injury:	03/16/1995
Decision Date:	10/28/2014	UR Denial Date:	10/28/2013
Priority:	Standard	Application Received:	11/04/2013

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:

There were 79 pages provided for this review. It was a request for an adjustable bed. The date of the review request for review was November 1, 2013. There was a notification of non-certification from October 28, 2013. Per the records provided, this patient was injured back in the year 1995. The patient was status post carpal tunnel release and lumbar spine surgery on June 19, 2012. There was constant neck pain along with numbness and tingling in the fingers and of low back pain. Physical exam was remarkable for double vision, tenderness and spasms of the neck paravertebrals. The claimant is described as a 67-year-old man. The mechanism of injury is not provided. The patient is status post bilateral carpal tunnel release, cervical strain, cervical disc disease, lumbar strain, right de Quervain's tenosynovitis, lumbar disc disease, status post lumbar spine surgery on June 19, 2012 and a sprain- strain of the right hand long finger. The only medical report available for review in support of an adjustable bed was from September 10, 2013. It mentioned constant neck pain and low back pain. The adjustable bed reportedly is for the proper positioning of the patient. It is hard for him to come out of the normal bed to use the restroom or do any activities especially in the middle of the night for proper positioning as well as safety.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADJUSTABLE 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

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, Mattress FDA in 42 CFR 414.202

Decision rationale: There is little information available on choice of beds in the MTUS. The ODG notes gives information about mattresses. A recent 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)Ultimately, bed choice in a home is a personal choice except in very unusual medical circumstances like paraplegic, where it is a medical necessity. That level of need is not demonstrated in this case. Durable Medical Equipment, as defined by the FDA in 42 CFR 414.202, is equipment which is furnished by a supplier or home health agency that: 1. Can withstand repeated use 2. Is primarily and customarily used to serve a medical purpose 3. Is generally not useful to the individual in the absence of an illness or injury, and is appropriate for use in the home. This device fails to meet the FDA definition of durable medical equipment, as it is not primarily used to serve a medical purpose. Mattresses are household furnishings, and the selection as to the firmness of a mattress is a choice a consumer can make at the time of purchase. The request is not medically necessary and appropriate.