

<b>Case Number:</b>	CM13-0068444		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	04/14/2011
<b>Decision Date:</b>	05/21/2014	<b>UR Denial Date:</b>	11/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/19/2013

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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:

This is a patient with a date of injury of 4/14/11. A utilization review determination dated 11/19/13 recommends non-certification of a Tempurpedic mattress and ultrasound of the left lateral thigh. 10/10/13 medical report identifies pain in the left thumb that radiates up the left arm, shoulder, and neck, as well as headaches and difficulty sleeping. On the exam, it is noted there is of tenderness at the incision site, 1st CMC joint tenderness, positive Tinel's and Phalen's signs, and limited Range of Motion (ROM). 10/30/13 medical report identifies ongoing low back symptomatology, getting progressively worse, and that the old mattress is dilapidated due to the patient's nocturnal frequency, urgency, and incontinence. The ultrasound was requested as the patient developed what appears to be a lipoma in the left lateral thigh and a diagnostic ultrasound will be helpful to rule out any pathology.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TEMPURPEDIC QUEEN MATTRESS:** 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, 11th Edition (web), Low Back

**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 Pain Chapter Mattress Selection

**Decision rationale:** Regarding the request for Tempurpedic Queen Mattress, California MTUS does not address the issue. ODG states that there are no high-quality studies to support purchase of any type of specialized mattress or bedding as a treatment for low back pain. In light of the above issues, the currently requested Tempurpedic Queen Mattress is not medically necessary.

**ULTRASOUND OF LEFT LATERAL THIGH:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline Or Medical Evidence; [http://www.aetna.com/cpb/medical/data/1\\_99/0039.html](http://www.aetna.com/cpb/medical/data/1_99/0039.html) Aetna Clinical Policy Bulletin: Weight Reduction Medications and Programs

**Decision rationale:** Regarding the request for Ultrasound of Left Lateral Thigh, California MTUS and ODG do not address the issue. A search of the National Library of Medicine and other online resources revealed that sonography demonstrates low accuracy in the diagnosis of soft-tissue lipomas. Within the documentation available for review, there is documentation that the patient developed what appears to be a lipoma in the left lateral thigh and a diagnostic ultrasound was said to be helpful to rule out any pathology. However, ultrasound is not supported as being accurate in the diagnosis of lipomas. When other pathology is suspected, other diagnostic testing such as Computerized Tomography (CT), MRI, or biopsy are typically utilized rather than ultrasound. In light of the above issues, the currently requested Ultrasound of Left Lateral Thigh is not medically necessary.