

<b>Case Number:</b>	CM14-0007428		
<b>Date Assigned:</b>	04/16/2014	<b>Date of Injury:</b>	05/11/2005
<b>Decision Date:</b>	07/24/2014	<b>UR Denial Date:</b>	12/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/16/2014

### 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 Anesthesiology, has a subspecialty in Pain Management, and is licensed to practice in Tennessee. 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 54-year-old with a May 11, 2005 date of injury. She was a science teacher and laptop computer program director and developed bilateral carpal tunnel syndrome due to repetitive motion. On December 14, 2013, the patient continued to have profound and debilitating symptoms. She has been unable to get comfortable at night, and the snoring has caused a great strain on her marriage. Her husband can no longer sleep in the same bed because she continuously wakes him up. This situation could be easily remedied by a "split" orthopedic bed so that she is able to maneuver without awakening her husband. She also needs bedding and orthopedic pillows. The patient remains depressed. Diagnostic Impression: s/p bilateral carpal tunnel release, Chronic Pain Syndrome, Depression, and Anxiety. Treatment to date: activity modification, medication management. A UR decision dated December 23, 2013 denied the request for an Orthopedic Bed and Bedding stating that an orthopedic bed would be considered medically indicated with severe arthritis, severe cardiac conditions, spinal cord injury, and severe debilitating disease. The patient's orthopedic history includes carpal tunnel syndrome and cubital tunnel. She is unable to get comfortable and snores. Therefore, an orthopedic bed would be considered a comfort item.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ORTHOPEDIC BED AND ORTHOPEDIC BEDDING:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Polysomnography (Sleep Study).

**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 ODG states that mattress selection is not recommended. There are no high quality studies to support purchase of any type of specialized mattress or bedding as a treatment for low back pain. Mattress selection is subjective and depends on personal preference and individual factors. However, this patient is noted to have marital problems related to her insomnia and difficulty sleeping. Her husband can no longer sleep in the same bed with her. The provider feels that an orthopedic split mattress will allow the patient and her husband to sleep in the same bed, and lessen the marital strain due to the patient's chronic insomnia. She is unable to get comfortable at night and snores. However, the medical indications for an orthopedic mattress and bedding are unclear. From the documentation provided, the mattress is being requested for social and marital concerns. Other than psychological disease, there is no clear description of significant debilitating physical illness that would necessitate an orthopedic bed. Therefore, the request for an orthopedic bed and orthopedic bedding is not medically necessary or appropriate.