

Case Number:	CM14-0017285		
Date Assigned:	04/14/2014	Date of Injury:	06/04/1999
Decision Date:	05/30/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	02/11/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Texas and Oklahoma. 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 injured worker is a 57-year-old female who reported an injury on 06/04/1999. The mechanism of injury was that the injured worker slipped on a paperclip, landing in an awkward heap. The injured worker had been treated with epidural steroid injections, medications and physical therapy. The documentation of 01/20/2014 revealed that the injured worker had complaints of pain down the low back, radiating into both lower extremities. The injured worker indicated that the most bothersome complaint was ongoing and debilitating pain in the right hip. It was indicated that the injured worker had corticosteroid injections for the right trochanteric bursitis on 06/12/2013, but developed significant skin dimpling, depression and a contour deformity of the right buttock. The objective physical examination revealed that the injured worker had tenderness to palpation bilaterally along with increased muscle rigidity in the lumbar paraspinal muscles with decreased range of motion. The injured worker had point tenderness along the right greater trochanteric region and a positive Faber's on the right with slightly decreased internal rotation of the hip. The injured worker had atrophy along the right greater trochanteric region. The assessment/diagnoses included lumbar degenerative disc disease; bilateral lower extremity radiculopathy, right greater than left; a history of transverse myelitis; chronic inflammatory demyelinating polyradiculopathy; fibromyalgia; systemic lupus erythematosus; and right sacroilitis. The treatment plan included medications, a gastroenterologist, a plastic surgeon, an orthopedic mattress, such as a [REDACTED] bed to adjust the firmness of the mattress since the injured worker was sleeping poorly in a hospital bed, due to ongoing debilitating pain in the cervical and lumbar spines as well as due to body habitus and a return office visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

ORTHOPEDIC 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); WORK LOSS INSTITUTE (WWW.ODG-TWC.COM); SECTION: LOW BACK-LUMBAR & THORACIC (ACUTE & CHRONIC) (UPDATED 12/27/13).

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, KNEE & LEG CHAPTER, DME.

Decision rationale: The Official Disability Guidelines indicate that mattress selection is subjective and depends on personal preference and individual factors. Mattresses are considered durable medical equipment (DME). As such, they must meet durable medical equipment guidelines. The Guidelines also indicate that durable medical equipment is recommended if there is a medical need and if the device or system meets [REDACTED] definition of durable medical equipment, including that the equipment can withstand repeated use, such as could be normally rented and used by successive patients; is primarily and customarily used to serve a medical purpose; is generally not useful to a person in the absence of illness or injury; and is appropriate for use in the patient's home. The clinical documentation submitted for review failed to provide the exceptional factors to indicate that an orthopedic mattress is primarily and customarily used to serve a medical purpose and is not useful to a person in the absence of illness or injury. Given the above, the request for an orthopedic mattress is not medically necessary.