

<b>Case Number:</b>	CM14-0123140		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	06/07/2013
<b>Decision Date:</b>	12/31/2014	<b>UR Denial Date:</b>	07/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/04/2014

### 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 Internal 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:

The injured worker (IW) is a 33-year-old man with a date of injury of June 7, 2013. The IW sustained injuries to the head, neck, lower back, right shoulder, and left ankle. The IW reported that the pain started after an incident with a pallet, which fell on top of the IW. The IW tried to stop it from falling by swinging his shoulder and putting his arms up but the pallet ultimately fell on his head, neck, back, and arms. His ankle got caught in between that pallet jack. X-rays were performed which revealed no fractures. He eventually underwent surgical intervention to the right shoulder in October of 2013. There was a sole Second Treating Physician's Report in the medical record dated June 13, 2014, which was incomplete. It appears to be from the treating chiropractor, but the note was cut off and the providers name was not available. It provided a brief history of the initial injuries and past treatments rendered. There was absence of subjective complains, objective findings, diagnoses, and treatment plan. The documentation provided current medications, which include Norco, and Trazadone. There is a request for authorization in the medical record for an orthopedic firm mattress dated July 21, 2014 request by the treating orthopedist physician. The medical record submitted for review did not contain documentation from the aforementioned provider.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Orthopedic firm 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, Back, mattress selection

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Mattress selection

**Decision rationale:** Pursuant to the Official Disability Guidelines, orthopedic firm mattress is not medically necessary. Mattress selection is not recommended to use firmness as sole criteria. There are no high quality studies to support purchase of any type of specialized mattress are bedding as a treatment for back pain. Mattress selection is subjective and depends on personal preference and individual factors. In this case, there are no clinical progress notes in the 23 page medical record that addresses mattress selection. There are no high-quality studies to support purchase of any type of specialized mattress. Additionally, natural selection is subjective and depends on personal preference and individual factors. Consequently, an orthopedic firm mattress is not medically necessary.