

Case Number:	CM14-0126175		
Date Assigned:	08/13/2014	Date of Injury:	10/09/2004
Decision Date:	09/11/2014	UR Denial Date:	07/29/2014
Priority:	Standard	Application Received:	08/08/2014

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 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:

According to the records made available for review, this is a 56-year-old male with a 10/9/04 date of injury. At the time of the request for authorization for 1 Sleep Number bed, there is documentation of subjective findings to include painful condition about the neck, right shoulder, and lower back; popping of the right shoulder and difficulty with motion and overhead use. Objective findings include cervical spine spasm about the bilateral trapezial areas, pain with motion, point tenderness to palpation about the paraspinal region, decreased range of motion; right shoulder tenderness to palpation about the acromioclavicular joint, positive Hawkin's test, decreased range of motion; lumbar spine spasms, pain with motion, tenderness to palpation about the paraspinal region, and positive straight leg raise. Current diagnoses include cervical spine disc bulge, right shoulder internal derangement, right shoulder labral tear, and lumbar spine disc bulge. Treatment to date includes physical therapy and medications. A 5/8/14 medical report identifies a request for a Sleep Number bed, as the patient has chronic lower back and neck pain, and this would decrease pain, allowing the patient to fully rest throughout the night. There is no documentation that that the patient's condition requires positioning of the body in ways not feasible in an ordinary bed, or that the patient's condition requires special attachments that cannot be fixed and used on an ordinary bed.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Sleep Number 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, Low Back - Lumbar & Thoracic (Acute & Chronic): 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) Knee and Leg, Durable medical equipment (DME).

Decision rationale: ODG Guidelines support durable medical equipment if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME). Medicare National Coverage Determinations Manual identifies documentation that the patient's condition requires positioning of the body (e.g., to alleviate pain, promote good body alignment, prevent contractures, avoid respiratory infections) in ways not feasible in an ordinary bed or that the patient's condition requires special attachments that cannot be fixed and used on an ordinary bed, as criteria necessary to support the medical necessity of an adjustable bed. Within the medical information available for review, there is documentation of diagnoses of cervical spine disc bulge, right shoulder internal derangement, right shoulder labral tear, and lumbar spine disc bulge. However, there is no documentation that that the patient's condition requires positioning of the body (to alleviate pain, promote good body alignment, prevent contractures, avoid respiratory infections) in ways not feasible in an ordinary bed or that the patient's condition requires special attachments that cannot be fixed and used on an ordinary bed. Therefore, based on guidelines and a review of the evidence, the request is not medically necessary.