

Case Number:	CM14-0127623		
Date Assigned:	09/29/2014	Date of Injury:	01/26/2010
Decision Date:	11/06/2014	UR Denial Date:	08/01/2014
Priority:	Standard	Application Received:	08/11/2014

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 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 underlying date of injury in this case is 01/26/2010. The date of the utilization review under appeal is 08/01/2014. The patient's diagnoses include left lateral epicondylitis, left acromioclavicular joint pain, left shoulder rotator cuff impingement, left shoulder sprain, left elbow lateral synovial fringe, left elbow tendinitis, and left knee pain. On 07/10/2014, the primary treating physician saw the patient in follow-up. The patient had completed aquatic therapy and reported reduction of shoulder and knee pain as well as increased range of motion. The patient also reported decreased sleep due to generalized pain. The treating physician recommended a [REDACTED] mattress for disturbed sleep and also agreed with the physical therapist's recommendations for additional physical therapy. A prior physician review noted that treatment guidelines do not establish the medical necessity of a specialized mattress and notes that the patient previously was authorized for 22 aquatic therapy treatments, which were completed. The prior treating physician noted that the records do not provide clear documentation of functional improvement from past physical therapy. On 09/18/2014, the treating physician clarified or appealed the prior utilization review decision and noted the patient only sleeps 4-8 hours total but could not sleep 1-390 minutes uninterrupted, so the sleep was not restful. The treating physician also indicated that physical therapy had decreased the patient's pain and increased range of motion of the shoulder and thus requested 8 more sessions, consistent with the physical therapist's recommendation.

IMR ISSUES, DECISIONS AND RATIONALES

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

██████████ **mattress:** Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Sleep Posture Page(s): 70.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers' Compensation, Low Back

Decision rationale: The Medical Treatment Utilization Schedule does not specifically discuss mattress selection. Official Disability Guidelines/treatment in Workers' Compensation/Low Back does discuss mattress selection and states that such selection is subjective and that there are no high-quality studies to support the purchase of any type of specialized mattress or bedding for treatment of low back pain. The treating provider does not provide an alternate rationale for the requested mattress. This is not a medically necessary piece of equipment. Therefore, this request is not medically necessary.

Additional Physical Therapy (Number of visits not specified): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines section on physical medicine, page 99, recommends transition to an independent home rehabilitation program. The medical records do not provide a rationale or indication as to why this patient requires additional supervised as opposed to independent rehabilitation, particularly given the patient's extensive physical therapy treatment in the past. This request is not medically necessary.