

<b>Case Number:</b>	CM14-0129253		
<b>Date Assigned:</b>	08/18/2014	<b>Date of Injury:</b>	04/19/1997
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	07/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/13/2014

### 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 Medicine and is licensed to practice in Texas. 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 66 year old female whose date of injury is 04/19/1997. The mechanism of injury is described as a slip and fall. Treatment to date includes left total knee arthroplasty 03/02/10, lumbar epidural steroid injections, physical therapy and medication management. The injured worker reports that she was previously approved for a hospital bed, but the bed was too large to fit into her apartment. She has difficulty sleeping and is uncomfortable, unable to lay supine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Adjustable 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 Pain (Acute and Chronic).

**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 submitted clinical records indicate that the injured worker reports difficulty sleeping; however, there is no comprehensive assessment of treatment completed to

date for this issue or the injured worker's response thereto submitted for review. The Official Disability Guidelines state that 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. Based on the clinical information provided, the request for adjustable bed is not recommended as medically necessary.