

<b>Case Number:</b>	CM14-0165248		
<b>Date Assigned:</b>	10/10/2014	<b>Date of Injury:</b>	12/13/2003
<b>Decision Date:</b>	11/10/2014	<b>UR Denial Date:</b>	09/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2014

### 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. 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:

Medical records reflect the claimant is a 64 year old female who sustained a work injury on 12-13-03. Office visit on 8-27-14 notes the claimant continues with ongoing discomfort in both knees, headaches, neck pain with radiation to the shoulders and burning sensation. The claimant also reports clicking of her shoulders with circular motion. On exam, the claimant has tenderness at the cervical spine with spasms and restricted range of motion. Exam of the shoulders shows restricted range of motion and positive impingement sign. She has loss of grip strength. She has tenderness at the elbows, positive Tinel's. Exam of the knees shows pain with patellar compression. The claimant was given a diagnosis of fibromyalgia, cervical spondylosis and myofascial pain, cervical radiculopathy secondary to disc protrusion at C4 to C6 levels, bilateral cubital tunnel syndrome, bilateral carpal tunnel syndrome, bilateral shoulder strain/sprain, bilateral wrist strain/sprain, SLAP and tear of the right shoulder, bilateral shoulder impingement syndrome, bilateral knee strain/sprain and bilateral knee pain, 2.2 x 1.8 cm encondroma, depression and anxiety.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 orthopedic hospital style mattress with control:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Colorado Division of Workers' Compensation,

Chronic pain disorder medical treatment guidelines. Denver (CO): Colorado Division of Workers' Compensation; 2011 Dec 27, page 110

**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:** ODG notes that mattress is not recommended to use firmness as sole criteria. In a recent RCT, a waterbed (Aqva) and a body-contour foam mattress (Tempur) generally influenced back symptoms, function, and sleep more positively than a hard mattress, but the differences were small. The dominant problem in this study was the large amount of dropouts. The predominant reason for dropping out before the trial involved the waterbed, and there was some prejudice towards this type of mattress. The hard mattress had the largest amount of test persons who stopped during the trial due to worsening low back pain (LBP), as users were more likely to turn around in the bed during the night because of pressures on protruding body parts. (Bergholdt, 2008) Another clinical trial concluded that patients with medium-firm mattresses had better outcomes than patients with firm mattresses for pain in bed, pain on rising, and disability; a mattress of medium firmness improves pain and disability among patients with chronic non-specific low-back pain. (Kovacs, 2003) 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. On the other hand, pressure ulcers (e.g., from spinal cord injury) may be treated by special support surfaces (including beds, mattresses and cushions) designed to redistribute pressure. (McInnes, 2011). There is an absence in documentation noting that this claimant needs a specialized mattress or that she has any of the conditions (pressure ulcer from a spinal cord injury) that would require the use of an orthopedic mattress. Therefore, the medical necessity of this request is not established.

**Unknown weekly housekeeping service for 4-6 hours to clean house:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Home health aide Page(s): 51.

**Decision rationale:** Chronic Pain Medical Treatment Guidelines notes that housekeeping services is not considered medical treatment. Additionally, unknown week/weeks request is not established as medically necessary.

**1 prescription of Celebrex 200mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-73. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter -NSAIDS

**Decision rationale:** Chronic Pain Medical Treatment Guidelines and ODG reflect that non-steroidal anti-inflammatory drugs (NSAIDs) are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. There is an absence in documentation documenting medical necessity for the long term use of an NSAID. There is no documentation of functional improvement with this medication. Therefore, the medical necessity of this request is not established.