MAXIMUS Federal Services

Case Number:	CM14-0025652		
Date Assigned:	06/13/2014	Date of Injury:	05/01/2012
Decision Date:	07/29/2014	UR Denial Date:	02/18/2014
Priority:	Standard	Application Received:	02/28/2014

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 & Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 53 years old male with an injury date on 05/01/2012. Based on the02/07/2014 progress report provided by [redacted] the diagnoses are Cervical Thoracic Outlet Syndrome and right hand injury. The exam on 02/07/2014 reveals pain so intense it causes him sleep apnea, has to wear a C-collar to relieve pain during sleep. Spasm noted at trapezius and rhomboid muscle and the head with positive effusion. Positive Adson's test on the left and positive Spuring test was noted. MRI of the cervical spine on 12/11/2013 shows at C3-4: a 1 mm disc osteophyte complex in the left paracentral/foraminal region. Minimal foraminal narrowing on the left. No significant central canal or right-sided foraminal stenosis. C4-5: There is a 2 mm diffuse disc bulge/osteophyte complex with effacement of the anterior thecal sac. Mid central canal narrowing. No significant foramlnaI stenosis. C5-6:There is a diffuse disc bulge/osteophyte complex measuring up to 3 mm, extending into the foraminal regions bilaterally. There is mild central canal narrowing. Facet arthropathy and uncovertebral hypertrophy contributes to moderate-to-severe foraminal stenosis on the right and moderate foraminal stenosis on the left, with encroachment on the exiting nerve roots. [redacted] is requesting a sacro ease seat and a foam wedge for under bed to aid in sleep apnea.

IMR ISSUES, DECISIONS AND RATIONALES

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

SACRO EASE SEAT: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation AETNA guidelines.

Decision rationale: MTUS, ACOEM and ODG Guidelines do not discuss adjustable bed and accessories. AETNA Guidelines do discuss hospital beds and accessories and considers hospital beds and accessories necessary if the patient's condition requires positioning of the body to alleviate pain, promote good body alignment, prevent contractures, avoid respiratory infection in ways not feasible in an ordinary bed, or patient's condition requires special attachments that cannot be fixed and used on an ordinary bed, or requires the head of the bed to be elevated more than 30 degrees most of the time due to congestive heart failure, chronic pulmonary disease, or problem with aspiration. In this patient, none of these criteria appear to apply to this patient. Under durable medical equipments section in ODG Guidelines, durable medical equipment is defined as an equipment that is primarily and customarily used to serve a medical purpose and generally not useful to a person in the absence of illness or injury. In this case, requesting a sacro ease seat does not necessarily serve a specific medical purpose and can also be useful in absence of illness or injury just as a comfort measure. The request is not medically necessary.

FOAM WEDGE FOR UNDER BED TO AID IN SLEEP APNEA: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation AETNA guidelines.

Decision rationale: Regarding durable medical equipment, MTUS, ACOEM and ODG Guidelines do not discuss adjustable bed and accessories. AETNA Guidelines do discuss hospital beds and accessories and considers hospital beds and accessories necessary if the patient's condition requires positioning of the body to alleviate pain, promote good body alignment, prevent contractures, avoid respiratory infection in ways not feasible in an ordinary bed, or patient's condition requires special attachments that cannot be fixed and used on an ordinary bed, or requires the head of the bed to be elevated more than 30 degrees most of the time due to congestive heart failure, chronic pulmonary disease, or problem with aspiration. In this patient, none of these criteria appear to apply to this patient. Under durable medical equipment section in ODG Guidelines, durable medical equipment is defined as an equipment that is primarily and customarily used to serve a medical purpose and generally not useful to a person in the absence of illness or injury. In this case, requesting a foam wedge does not necessarily serve a specific medical purpose and can also be useful in absence of illness or injury just as a comfort measure. The request is not medically necessary.