

Case Number:	CM14-0039675		
Date Assigned:	06/27/2014	Date of Injury:	06/11/2002
Decision Date:	08/14/2014	UR Denial Date:	03/21/2014
Priority:	Standard	Application Received:	04/04/2014

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 Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 54-year-old male who reported an injury on 06/11/2002. The mechanism of injury involved a fall. Current diagnoses include, chronic syncopal episodes, left shoulder pain, low back pain, upper back pain, and multiple joint pain. The injured worker was evaluated on 12/2/2013, with complaints of 8 out of 10 low back and bilateral lower extremity pain. The injured worker also reported neck pain, left shoulder pain, and headaches. Physical examination on that date revealed limited cervical and lumbar range of motion, marked tenderness to palpation of the cervical, thoracic and lumbar spine, diminished strength in the bilateral lower extremities, positive straight leg raising and intact sensation. Treatment recommendations at that time included an adjustable bed with memory foam mattress.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME-ADJUSTABLE BED WITH MEMORY FOAM PURCHASE: 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 Official Disability Guidelines (ODG) Low Back Chapter, Mattress Selection.

Decision rationale: The Official Disability Guidelines do not recommend using firmness as sole criteria for mattress selection. Mattress selection is subjective and depends on personal preference and individual factors. Therefore, the current request cannot be determined as medically appropriate. As the medical necessity has not been established, the request is not medically necessary.