

Case Number:	CM14-0044473		
Date Assigned:	06/23/2014	Date of Injury:	10/01/2006
Decision Date:	07/24/2014	UR Denial Date:	03/20/2014
Priority:	Standard	Application Received:	03/20/2014

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 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 46-year-old female whose date of injury is 10/01/2006. The mechanism of injury is described as repetitive work duties. Treatment to date includes spinal cord stimulator, medication management, stellate ganglion blocks, physical therapy, massage, acupuncture and surgical intervention. Progress report dated 03/07/14 indicates that the injured worker's chief complaint is right shoulder, elbow and wrist pain. Diagnoses are right shoulder sprain and strain, right thoracic outlet syndrome and bilateral wrist tendinitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Memory Foam Mattress Pad: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back (updated 02/13/14) Mattress Selection.

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 note 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. Therefore, the request for a memory foam mattress pad is not medically necessary and appropriate.