MAXIMUS Federal Services

Case Number:	CM14-0047566		
Date Assigned:	06/25/2014	Date of Injury:	09/17/2013
Decision Date:	08/20/2014	UR Denial Date:	03/19/2014
Priority:	Standard	Application Received:	03/31/2014

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 Occupational Medicine 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 applicant has filed a claim for low back, hip, and knee pain reportedly associated with an industrial injury of September 17, 2013. Thus far, the applicant has been treated with the following: analgesic medications; reported diagnosis with a pelvic fracture; apparent diagnosis with a crush injury of the leg; debridement of multiple wounds; diagnosis with multiple lumbar fractures; comminuted fractures of the hip; and a partial amputation of the right lower limb following an above-the-knee amputation. The applicant apparently sustained severe trauma with multiple fractures in an industrial motor vehicle accident. In a utilization review report dated March 13, 2014, the claims administrator denied a gel mattress. The claims administrator's rationale was extremely sparse. The claims administrator stated that the mattress was a luxury item and not medically necessary. The claims administrator did not seemingly make any mention of the multiple traumatic injuries sustained by the applicant. In a February 28, 2014, progress note, the applicant was described as status post multiple surgical explorations. The applicant was using Norco and Neurontin for pain relief. The applicant had comorbid bipolar disorder requiring usage of Seroquel and Depakote. Many surgical wounds were evident. A psychiatry evaluation was sought for depression and posttraumatic stress disorder. Crutches were ordered. The attending provider stated that a gel mattress would aid in healing the applicant's skin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gel Mattress: Overturned

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 Chapter (updated 2/13/14), Mattress Selections.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physical Medicine and Rehabilitation: Principles and Practice, Volume 1, edited by Joel A. DeLisa, Bruce M. Gans, Nicholas E. Walsh, page 712, Vertebral Fracture : The use of a sheepskin, egg crate or gel flotation pad on the mattress frequently enhances patient comfort. 2. Physical Medicine and Rehabilitation: Principles and Practice, Volume 1, edited by Joel A. DeLisa, Bruce M. Gans, Nicholas E. Walsh, page 1278.

Decision rationale: The proposed gel mattress is medically necessary, medically appropriate, and indicated here. The MTUS does not address the topic. As noted in the DeLisa textbook of physical medicine, usage of a gel mattress can enhance comfort for applicants who have sustained vertebral compression fractures. In this case, the applicant is such an individual. The applicant sustained significant traumatic injuries to the spine and lower extremities, including multiple fractures and a partial amputation of one limb. It is further noted that the applicant has several open wounds. The proposed gel mattress may, furthermore, be of benefit to try to prevent decubitus ulcers, given the applicant's immobility, as further suggested by [redacted]. Therefore, the request is medically necessary.