

<b>Case Number:</b>	CM14-0086977		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	05/12/2007
<b>Decision Date:</b>	09/08/2014	<b>UR Denial Date:</b>	05/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/10/2014

### 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 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 46-year-old male who sustained an injury on 05/12/2007. The mechanism of injury is unknown. Prior treatment history included TENS unit which provided no benefit. He underwent an abdominal herniorrhaphy in 12/2012 and abdominal surgery related to GSW. Past medication history included Senokot, Pristiq, Seroquel, Pristiq ER, Edluar, Kadian, Lorazepam, and Vicodin Es. A visit note dated 04/28/2014 indicates the patient complained of pain across his abdomen. His pain level has remained unchanged at a 7/10. He reported his pain medication was helping him to cope and get through the day. He states he has increased pain when he walks for a long distance. He complained of numbness and weakness in abdomen. He reported he has anxiety, memory loss, shortness of breath and loss of appetite. He was taking medications as prescribed. On exam, he has tenderness along the entrance and exit scar and also the vertical abdominal surgical site. He is diagnosed with abdominal pain, posttraumatic stress disorder and depression and anxiety. He was instructed to continue current medication regimen. He is recommended for an adjustable bed to reduce intra abdominal pressure and pain while transferring in and out of bed. Prior utilization review dated 05/06/2014 states the request for a therapeutic adjustable bed and Follow up to Physical medicine and rehab is not certified as medical necessity has not been established.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Therapeutic adjustable bed:** 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 lumbar & thoracic (Acute & Chronic).

**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 MTUS guidelines and ACOEM guideline do not address the issue. The ODG guidelines were consulted, which mainly address the type of mattress. Nonetheless, in this case, the description of the therapeutic adjustable bed is not specified. Furthermore, the injured worker is recommended for an adjustable bed to reduce intra abdominal pressure and pain while transferring in and out of bed. However, transfer training by physical / occupational therapists can simply achieve this. Therefore, the medical necessity of this request is not established.

**Follow up to Physical medicine and rehab:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

**Decision rationale:** The California MTUS/ACOEM guidelines state that the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. Further guidelines indicate consultation is recommended to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. In this case, the injured worker does not meet the above criteria; therefore, the medical necessity of the request is not established.