

<b>Case Number:</b>	CM14-0087704		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	06/19/1956
<b>Decision Date:</b>	08/27/2014	<b>UR Denial Date:</b>	05/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/11/2014

### 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 & Rehab and is licensed to practice in Nevada. 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 records presented for review indicate that this 87-year-old gentleman was reportedly injured on June 19, 1956. The mechanism of injury is not listed in the records reviewed. The most recent progress note, dated February 20 2014, is difficult to read and indicates that there are ongoing complaints of low back pain. The physical examination demonstrated a wide-based gait but otherwise no changes. Diagnostic imaging studies of the lumbar spine showed diffuse disc bulging and spinal stenosis at worst at L3/L4 impinging the thecal sac. A request was made for an extra firm mattress and a walk-in bathtub and was not certified in the pre-authorization process on May 8, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Extra firm mattress:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, 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 - Lumbar and Thoracic, Mattress Selection, Updated July 3, 2014.

**Decision rationale:** According to the Official Disability Guidelines there are no high quality studies to support the purchase of any type of specialized mattress or bedding as treatment for low back pain. Mattress selection is subjective and depends on personal preference and individual factors. Therefore, this request for an extra firm mattress is not medically necessary

**1 Walk in tub:** 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), Knee and Leg, Durable Medical Equipment, Updated June 5, 2014.

**Decision rationale:** According to the available medical record there is no mention of the injured employee having difficulty using a standard shower or bathtub for bathing that would necessitate the need for a walk-in bathtub or simply a standard shower with a seat. Without specific justification this request for a walk-in tub is not medically necessary.