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| Case Number: | CM14-0097778 | | |
| Date Assigned: | 07/25/2014 | Date of Injury: | 01/01/1996 |
| Decision Date: | 09/24/2014 | UR Denial Date: | 06/04/2014 |
| Priority: | Standard | Application Received: | 06/17/2014 |

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 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 injured worker is a 79-year-old female who was reportedly injured on January 1, 1996. The mechanism of injury was not listed in these records reviewed. The most recent progress note dated March 4, 2014, indicated that there were ongoing complaints of low back pain. The physical examination demonstrated a wheeled walker was necessary for ambulation. Range of motion testing was not completed secondary to a recent heart procedure. Straight leg raising was positive. Diagnostic imaging studies objectified the surgical changes. Previous treatment included multiple medications, physical therapy, and a lumbar fusion surgery via 3 separate procedures. A request was made for transportation and a Tempur-Pedic mattress and pillow and was not certified in the pre-authorization process on June 4, 2014.11989

IMR ISSUES, DECISIONS AND RATIONALES

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

Transportation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg Chapter, Transportation (to & from appointments).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Knee chapter, updated July 2014.

Decision rationale: As outlined in the Official Disability Guidelines transportation assistance is indicated, when there is clear clinical evidence that the injured employee needs such assistance. There is a fleeting reference to a need, but no narrative is presented as to why. Therefore, based on the limited clinical information presented for review, this request is not medically necessary.

Tempurpedic Mattress and Pillow: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back Chapter, 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, updated August 2014.

Decision rationale: As outlined in the Official Disability Guidelines the selection is not recommended. Therefore, based on the markedly limited clinical information presented for review, there is no narrative presented as to why an orthopedic mattress or Tempur-Pedic mattress and pillow are required. Therefore, based on this lack of clinical rationale, the request is not medically necessary.