

Case Number:	CM14-0001054		
Date Assigned:	01/08/2014	Date of Injury:	05/05/2010
Decision Date:	03/05/2015	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	01/02/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Indiana

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 58 year old male, who sustained an industrial injury on May 5, 2010. The diagnoses have included status post right knee chondroplasty, status post re-exploration of the lumbar spine for postoperative fascial dehiscence and irrigation with debridement and re-approximation of the fascia and closure and musculofascial reconstruction, status post interlaminar laminotomy bilateral L3-4 and L4-5, right knee compensatory consequence injury with medial collateral ligament tear and medial meniscus tear, bilateral lower extremity varicose veins, bilateral Achilles tendonitis, bilateral heel spurs complicated by symptoms of plantar fasciitis, bilateral shoulder sprain/strain, bilateral shoulder tendonitis, herniated nucleus pulposus at C5-6 level with bilateral upper extremity radicular pain and paresthesia, rule out stenosis at C4-5 and C5-6 levels. Treatment to date has included cervical spine epidural steroid injection at C5-6, physical therapy, Magnetic resonance imaging (MRI) of cervical spine which revealed a slightly exaggerated lordotic curve, hypertrophy of the atlantoaxial joint, C5-C6 mild loss of posterior intervertebral disk height, deep exploration of lumbosacral wound, interlaminar laminectomy L3-4 left to rule out Dural tear, fascia reconstruction bilateral L3-4 and L4-5, three sessions of shockwave therapy. Currently, the IW complains of neck pain, constant low back pain radiation to bilateral lower extremities down to the bilateral heels. On November 27, 2013 Utilization Review non-certified a orthopedic mattress-purchase noting the ODG was cited. On November 21, 2013 IMR application was received, the injured worker submitted an application for IMR for review of requested treatment, and requested treatment, and requested treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

ORTHOPEDIC MATTRESS - PURCHASE: 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, Mattress selection

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back: Durable Medical Equipment Medicare.gov, durable medical equipment

Decision rationale: MTUS and ACOEM are silent regarding the medical necessity of an orthopedic mattress. ODG does state regarding durable medical equipment (DME), "Recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME) below" and further details "Exercise equipment is considered not primarily medical in nature." Medicare details DME as: -durable and can withstand repeated use-used for a medical reason-not usually useful to someone who isn't sick or injured-appropriate to be used in your home. An orthopedic mattress does meet the criteria for durability and home use per Medicare classification. However, it is also used by people we aren't sick or injured and not considered primarily used for "medical reasons". In this case, an orthopedic mattress is not classified as durable medical equipment and not recommended per ODG. As such, the request for a purchase of an orthopedic mattress is not medically necessary.