

Case Number:	CM14-0107564		
Date Assigned:	08/01/2014	Date of Injury:	09/16/2005
Decision Date:	01/05/2015	UR Denial Date:	06/16/2014
Priority:	Standard	Application Received:	07/11/2014

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 Family 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:

This 47 year old female patient reported industrial related injuries of unknown mechanism on 07/23/1998, 07/28/1998, 08/24/1998, 11/21/1996, 09/01/2000 through 11/19/2001, 05/20/2005, and 05/25/2005. The initial results of the injuries were not provided. The injured worker was previously diagnosed (per re-evaluation dated 03/13/2014) with cervical discopathy with radiculitis, right wrist sprain/strain, lumbar discopathy with radiculitis and facet arthropathy, right knee medial meniscus tear with Baker's cyst and chondromalacia patella, and right foot/ankle sprain/strain with MRI of multiple cysts in the right foot. There were no current diagnoses found on the PR-2 dated 05/23/2014 or current request for authorization. Treatment to date has included injections to the right knee, oral analgesic medications, and physical therapy. Diagnostic testing has included x-rays of the cervical and lumbar spines, and bilateral knees which revealed spondylosis at the C5-C6 and C6-C7 levels; disc space height collapse at the L4-L5 and L5-S1 levels; and normal exam of the knees. Current complaints included constant cervical and lumbar spine pain, and right knee pain. The most recent exam findings included cervical and lumbar spine tenderness, right knee tenderness, decreased range of motion (ROM) of the right knee, positive straight leg raise, and positive patellar compression test. Current treatments included continued physical therapy and medications with the request for mattress replacement. The injured worker's pain was and functional deficits were unchanged. There were no documented changes in activities of daily living or work status. Dependency on medical care was unchanged. On 06/16/2014, Utilization Review non-certified a request for replacement of customized Cal King mattress which was requested on 06/16/2014. The request for replacement of a customized Cal King mattress was non-certified due to the lack of clinical evidence supporting a specific mattress or bedding as treatment for low back pain. A mattress is not considered medical equipment, and selection is subjective and depends on personal preferences

and individual factors. It was also noted that there was no mention of subjective complaints related to a mattress in the submitted records. The Official Disability Guidelines TWC guidelines were cited. This UR decision was appealed for an Independent Medical Review. The patient has been prescribed a replacement customized Cal King mattress.

IMR ISSUES, DECISIONS AND RATIONALES

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

Replacement of Customized Cal King 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 (ODG) TWC, Low Back

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Revised 2007, Chapter 12 pages 141-42; Chapter 12 pages 76-77 and Official Disability Guidelines (ODG) low back chapter-mattress selection; exercises

Decision rationale: The request for authorization of the purchase of a customized Cal King mattress to replace her present mattress or bed is not supported with any objective evidence to support the medical necessity and is inconsistent with the recommendations of evidence based guidelines. The patient is noted be able to ambulate and drive a vehicle. The only rationale to support medical necessity of a new mattress is the continuation of low back pain. There is no rationale by the treating physician to support the medical necessity of the requested customized Cal King Mattress over the present mattress or any other mattress. There is no rationale why the current mattress requires replacement. There is no demonstrated medical necessity for a Cal King mattress for treatment of the effects of the industrial injury. The objective findings documented and diagnoses do not support the medical necessity of a special mattress or bed. There is no demonstrated medical necessity for a therapeutic mattress for the diagnoses reported by the treating physician. The patient does not and did not meet the criteria of evidence based guidelines for the provision of a special mattress. The prior mattress is not stated to be in disrepair. There is no objective evidence provided that the present mattress is not functional. The currently accepted evidence based guidelines recommend an average medium firm mattress as there is no type of mattress that is medically necessary for the cited diagnoses. There is no demonstrated medical necessity for a custom Cal King mattress as opposed to a normal bed to treat chronic back/neck pain or knee pain. There is no rationale or objective evidence to support the medical necessity of a Cal King mattress. The requested mattress is not considered durable medical equipment (DME). Therefore, this request is not medically necessary.