

<b>Case Number:</b>	CM14-0183609		
<b>Date Assigned:</b>	11/12/2014	<b>Date of Injury:</b>	06/12/1995
<b>Decision Date:</b>	04/20/2015	<b>UR Denial Date:</b>	10/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2014

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 (IW) is a 52 year old male who sustained an industrial injury on 06/12/1995. The notes report that he continues to have increasing contracture in both feet due to spasticity and requires 24-hour home care. Diagnoses include depressive disorder, paralytic syndrome, myopathy, post-laminectomy syndrome of the lumbar region, and drug dependence. A clinical note of 05/06/2014 indicates the IW uses a wheelchair and ankle contracture boots. In this note, it indicates the IW had recently completed treatment for bladder carcinoma and was able to urinate with some difficulty without catheterization. He presents with spasticity and as a result has increasing contracture of both feet with inversion of the ankles. According to physician notes, the IW requires 24-hour home care yet is doing poorly. On 10/03/2014, Utilization Review non-certified a request for Electric Bed-Purchase. Non-MTUS ODG, Treatment Index, 11th Edition (web), 2014, Knee & Leg, DME was cited. On 10/03/2014 Utilization Review non-certified a request for an Orthopedic Mattress-Purchase. Non-MTUS ODG, Treatment Index, 11th Edition (web), 2014, Knee & Leg, DME was cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Electric Bed-Purchase:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Treatment Index, 11th Edition (web), 2014, Knee & Leg, DME.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Knee & Leg Chapter, Under Durable Medical Equipment.

**Decision rationale:** This patient has a date of injury of 06/21/1995 and has diagnoses of post laminectomy pain syndrome, triplegia with pathologic reflexes, urinary incontinence, chronic pain syndrome and bladder carcinoma. The current request is for an ELECTRIC BED-PURCHASE. The Request for Authorization is dated 09/26/14. ODG further discusses criteria for durable medical equipment as equipment that is primarily and customarily used to serve a medical purpose. ODG definitively states, "There are no high quality studies to support purchase of any type of specialized mattress or bedding as a treatment for low back pain. Mattress selection is subjective and depends on personal preference and individual factors. On the other hand, pressure ulcers (e.g., from spinal cord injury) may be treated by special support surfaces (including beds, mattresses and cushions) designed to redistribute pressure." ODG Knee & Leg Chapter, Under Durable Medical Equipment, states that DME is defined as equipment, which is primarily and customarily used to serve a medical purpose; generally is not useful to a person in the absence of illness or injury. The treating physician states that the patient requires 24hour home care assistance and "continues to require orthopedic mattress and electric bed." There is no further discussion regarding this request. In this case, the patient suffers with triplegia, but the treating physician does not state that the requested bed is for treatment of pressure ulcers and there is no discussion regarding the medical necessity for this request. ODG does not recommend specialized mattresses/bed except for pressure ulcers in spinal cord injury patients. Furthermore, the requested bed does not meet the definition of durable medical equipment per ODG guidelines, as a bed is not solely used for a medical purpose. This request IS NOT medically necessary.

#### **Orthopedic Mattress-Purchase: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Treatment Index, 11th Edition (web), 2014, Knee & Leg, DME.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Low Back Chapter, Mattress selection.

**Decision rationale:** This patient has a date of injury of 06/21/1995 and has diagnoses of post laminectomy pain syndrome, triplegia with pathologic reflexes, urinary incontinence, chronic pain syndrome and bladder carcinoma. The current request is for an ORTHOPEDIC MATTRESS PURCHASE. The Request for Authorization is dated 09/26/14. ACOEM and MTUS do not discuss mattresses. ODG, Low Back Chapter, Mattress selection, states, "There are no high quality studies to support purchase of any type of specialized mattress or bedding as a treatment for low back pain. Mattress selection is subjective and depends on personal preference and individual factors. On the other hand, pressure ulcers (e.g., from spinal cord injury) may be treated by special support surfaces (including beds, mattresses and cushions) designed to redistribute pressure." ODG further states under durable medical equipment that it must be primarily and customarily used to serve a medical purpose and generally not useful to a

person in the absence of illness. The treating physician states that the patient requires 24hour home care assistance and "continues to require orthopedic mattress and electric bed." There is no further discussion regarding this request. In this case, guidelines do not support specialized mattresses for low back pain or one type of a mattress over another. ODG does state mattresses may help treat pressure ulcers; however, there is no evidence from the reports provided of this condition for this patient. Furthermore, ODG definitions for DME state it must primarily be used for a medical purpose and not generally useful in the absence of an illness, and a mattress is routinely used for non-medical purposes and in the absence of illness. The request IS NOT medically necessary.