

<b>Case Number:</b>	CM14-0196365		
<b>Date Assigned:</b>	12/03/2014	<b>Date of Injury:</b>	01/31/1995
<b>Decision Date:</b>	01/15/2015	<b>UR Denial Date:</b>	11/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/21/2014

### 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 Preventive 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:

According to the records made available for review, this is a 53-year-old female with a 1/31/95 date of injury. At the time (11/6/14) of request for authorization for Tempur-pedic queen size bed, there is documentation of subjective (having difficulty getting a good night sleep; Tempur-pedic mattress is worn out) and objective (weight 145, height 5' 8', blood pressure 123/102) findings, current diagnoses (status post work-related motor vehicle accident with multiple trauma and multiple prior surgical interventions including maxillofacial surgery and revision amputation right upper extremity; below elbow prosthetic, foraminal stenosis C5-6 and C6-7 with left upper extremity radiculopathy, chronic low back pain, rotational deformity at L3-4 with disc collapse at L4-5, degenerative scoliosis, traumatic brain injury, extensive facial trauma, chronic right hip pain, and post-traumatic stress disorder), and treatment to date (medications, TENS, and physical therapy).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tempur Pedic Queen Size Bed:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back Guidelines

**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, Mattress Selection

**Decision rationale:** According to the records made available for review, this is a 53-year-old female with a 1/31/95 date of injury. At the time (11/6/14) of request for authorization for Tempur-pedic queen size bed, there is documentation of subjective (having difficulty getting a good night sleep; Tempur-pedic mattress is worn out) and objective (weight 145, height 5' 8", blood pressure 123/102) findings, current diagnoses (status post work-related motor vehicle accident with multiple trauma and multiple prior surgical interventions including maxillofacial surgery and revision amputation right upper extremity; below elbow prosthetic, foraminal stenosis C5-6 and C6-7 with left upper extremity radiculopathy, chronic low back pain, rotational deformity at L3-4 with disc collapse at L4-5, degenerative scoliosis, traumatic brain injury, extensive facial trauma, chronic right hip pain, and post-traumatic stress disorder), and treatment to date (medications, TENS, and physical therapy).