

<b>Case Number:</b>	CM14-0204672		
<b>Date Assigned:</b>	12/16/2014	<b>Date of Injury:</b>	10/27/2013
<b>Decision Date:</b>	02/04/2015	<b>UR Denial Date:</b>	11/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/08/2014

### 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 Occupational 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:

Patient is a 40 year-old male with date of injury 10/27/2013. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 10/21/2014, lists subjective complaints as multiple injuries and surgeries as a result of a work-related vehicular accident. Objective findings: Requesting physician reported that the patient was ambulating with a walker instead of a wheelchair lately, but had decreased stamina. Examination of the left hand revealed limited range of motion, but with improvement. The small stump of the left finger was healing excellently. Bilateral upper extremities and scalp had completely re-epithelialized. Diagnosis: 1. Chronic kidney disease stage 5 2. Hypotension 3. Recent 60% of total body burn.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Sleep Number Bed:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 51, 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 12th edition (web), 2014, Forearm, Wrist and Hand, Physical / Occupational Therapy; Low Back, Mattress Selection; Physical Therapy

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**Decision rationale:** The Official Disability Guidelines state that 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. Sleep Number Bed is not medically necessary.